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ANNUAL REPORT

ON THE

Health of the County Borough of Grimsby For the Year 1952

BY THE

MEDICAL OFFICER OF HEALTH

GRIMSBY:

ROBERTS & JACKSON, Ltd., Printers, 7a & 9 Maude Street

23/11/53.

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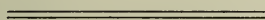
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TABLE OF CONTENTS

	PAGE
Health Committee	4
Legislation in force	5
Staff of the Department	6-8
Preface.....	9-10
I.—STATISTICS AND SOCIAL CONDITIONS :—	
Extracts from Vital Statistics	11
Population	12
Births	12
Deaths	12
Infant Mortality	13
State of Employment	13
II.—PREVALENCE OF, AND CONTROL OVER, INFECTIOUS AND OTHER DISEASES :—	
Notifications	13-14
Measles and Whooping Cough	14
Scarlet fever.....	14
Diphtheria	14-15
Pneumonia	15
Meningococcal infection	15
Ophthalmia neonatorum	15
Puerpera! pyrexia	15
Erysipelas.....	15
Chicken Pox.....	15
Acute poliomyelitis	16
Influenza	16
Food poisoning	16
Acute Rheumatism	16
Small Pox	16
Dysentery.....	16-17
Cancer	17
Venereal diseases.....	17
III.—TUBERCULOSIS :—	
New cases notified	18
Deaths	18
Revision of register	18
Mass Radiography	19
B. C. G. Vaccination.....	19-20
Treatment	20-22
IV.—SPECIAL SURVEY OF LOCAL HEALTH SERVICES :—	
Introduction	23
General	23-24
Particular Services	24-44
V.—GENERAL PROVISION OF HEALTH SERVICES :—	
Clinics and treatment centres.....	45-46
Maternity and Child Welfare	46-52

VI.—SANITARY CIRCUMSTANCES :—

Water supply	53-54
Drainage and sewerage	54
Rivers and streams	54
Closet accommodation	54
Public cleansing	55
Aged persons	56
Sanitary inspection	55-58
Rat repression	58
Eradication of vermin	58-59
Atmospheric pollution and smoke abatement	59
Factories Act	59
Swimming baths	60
Places of entertainment	60
Shops Acts	61
Schools	61
Disposal of the dead.....	61

VII.—HOUSING 62-63

VIII.—INSPECTION AND SUPERVISION OF FOOD :—

Milk supply	64-65
Meat and food inspection	65-66
Cysticercus bovis.....	66
Central meat depot	66
Horse flesh.....	66
Stores and Shops.....	66-67
Food hygiene	67-68
Markets.....	68
Food poisoning	68-69
Ice cream	69
Food and Drugs	69-70
Preservatives, etc.....	70
Fertilisers and Feeding Stuffs Act	70

IX.—SCHOOL HEALTH SERVICE 71-97

STATISTICAL TABLES :—

Vital Statistics (Table 1)	98
Birth Rates, England and Wales and Grimsby (Table 2) ...	99
Death Rates, England and Wales and Grimsby (Table 3) ...	99
Cases of Notifiable Diseases (Table 4)	100
Causes of and ages at death (Table 5)	101
Infant Mortality (Table 6).....	102
Rates for England and Wales and Grimsby (Table 7)	103
Acute Rheumatism (Table 8)	104
Tuberculosis (Tables 9 to 12)	105-106
Factories Acts (Table 13)	107-108
Diphtheria Immunisation (Table 14)	108
Causes of death : localities and age groups (Table 15)	109

GRIMSBY COUNTY BOROUGH HEALTH COMMITTEE

(as constituted on 31st December, 1952)

His Worship the Mayor

ALDERMAN G. C. WILSON, O.B.E., J.P.

Chairman

ALDERMAN W. H. WINDLEY

Deputy Chairman

COUNCILLOR T. A. PARKER

Aldermen

M. BLOOM, J.P.

J. H. FRANKLIN

W. HARRIS

C. W. HEWSON, J.P.

J. C. B. OLSEN

C. H. WILKINSON, M.B.E., J. P.

Councillors

G. H. ATKINSON

F. H. BARKER

R. BATESON

A. BRADLEY

R. BRYANT

R. DANBY

F. G. GARDNER

C. W. JAKES, J.P.

A. E. KELHAM

MRS. M. LARMOUR

MISS J. B. B. McLAREN

E. W. MARSHALL

H. D. MITCHELL

W. J. MOLSON

J. P. MURPHY

T. W. SLEEMAN

T. F. SMITH

and the following Co-opted Members:—

DR. J. COTTRELL, J.P.

DR. P. R. RIGGALL

DR. M. A. WATT

MR. R. C. BELLAMY

MR. C. W. SPENDELOW

MR. R. WOOD

SUB-COMMITTEES OF THE HEALTH COMMITTEE

FINANCE AND BUILDINGS:—

ALDERMAN WINDLEY (*Chairman*); COUNCILLOR PARKER (*Deputy-Chairman*); ALDERMEN BLOOM, FRANKLIN, HARRIS AND OLSEN; COUNCILLORS ATKINSON, JAKES, MITCHELL AND SLEEMAN. *Co-opted Members*:— MESSRS. W. BACON, R. C. BELLAMY, A. CUCKSON, F. C. NORTHCOTE AND C. W. SPENDELOW.

MATERNITY AND CHILD WELFARE:—

COUNCILLOR BRYANT (*Chairman*); ALDERMAN HARRIS (*Deputy-Chairman*); ALDERMEN OLSEN AND WINDLEY; *Councillors* BATESON, DANBY, MRS. LARMOUR, MISS McLAREN, PARKER AND SLEEMAN. *Co-opted Members*:— MESDAMES M. CRESSWELL, A. GARLICK, F. W. MORRIS AND L. NICHOLLS; DR. E. J. THOMSON.

MENTAL HEALTH:—

COUNCILLOR MITCHELL (*Chairman*); ALD. WINDLEY (*Deputy-Chairman*); ALDERMAN BLOOM; COUNCILLORS BRYANT, KELHAM, MRS. LARMOUR, MOLSON, MURPHY, PARKER AND SMITH. *Co-opted Members*:—MESDAMES A. GARLICK, L. NICHOLLS, E. M. THOMPSON AND A. B. TURNER; DR. J. D. HORSBURGH.

PERSONAL HEALTH:—

COUNCILLOR PARKER (*Chairman*); COUNCILLOR KELHAM (*Deputy-Chairman*); ALDERMEN HARRIS, WILKINSON AND WINDLEY; COUNCILLORS BRYANT, DANBY, JAKES, MARSHALL AND MISS McLAREN.

Co-opted Members:—MESDAMES A. B. TURNER AND J. A. WOOD; MESSRS T. MUMBY P. R. ROBINSON AND DR. T. BARROWMAN.

SANITARY:—

COUNCILLOR SMITH (*Chairman*); COUNCILLOR A. C. PARKER (*Deputy-Chairman*); ALDERMEN BLOOM, HEWSON, OLSEN, AND WINDLEY; COUNCILLORS GARDNER, MARSHALL, MOLSON, PARKER AND SLEEMAN.

Co-opted Members:—MESSRS A. CUCKSON, N. HOPPER, T. HUNT, AND MRS. A. C. PARKER.

LOCAL ACTS, ADOPTIVE ACTS, BYELAWS AND LOCAL REGULATIONS IN FORCE IN THE BOROUGH.

LOCAL ACTS.

- The Great Grimsby Improvement Act, 1853.
- The Grimsby Improvement Act, 1869.
- The Grimsby Extension and Improvement Act, 1889.
- The Grimsby Corporation Act, 1921.
- The Grimsby Corporation Act, 1927.
- The Grimsby Corporation (Dock &c.) Act, 1929.
- The Grimsby, Cleethorpes and District (Water etc.) Act, 1937.
- The Grimsby Corporation Act, 1949.

ADOPTIVE ACTS.

- The Public Acts Amendment Act, 1890.
- The Private Street Works Act, 1892.
- The Public Libraries Acts.
- The Public Health Acts Amendment Act, 1907. (Part II, IV, VI, & X).
- The Public Health Act, 1925, (Sections 13 to 33 and 35 of Part II).

BYE LAWS.

- Provision of means of escape in case of fire in factories in the Borough, 1921.
- Nuisances, 1923.
- Premises where food is prepared or cooked, 1926.
- Tents, Vans, Sheds and Similar structures, 1926.
- Conduct of persons waiting in streets to enter public vehicles, 1930.
- Smoke Abatement, 1936.
- New Streets, 1937.
- Nursing Homes, 1937.
- Seamen's Lodging Houses, 1938.
- Building Byelaws, 1939.
- Slaughter Houses, 1939.
- Common Lodging Houses, 1940.
- Fouling of footpaths by Dogs, 1942.
- Pleasure Grounds, 1946.
- Scartho Road Cemetery, 1948.
- Handling and Wrapping of Food, 1948.
- Employment of Children and Street Trading, 1948.
- Parking Places, 1950 and 1952.
- Cemetery Charges, 1952.
- Nuisances, 1952.
- Power Driven Model Aircraft, 1952.
- Hackney Carriages, 1952.
- Brighowgate Bus Station, 1953.

LOCAL REGULATIONS.

- Grimsby Port Health Authority Regulations.
- Projections in Public Streets, 1922.
- Street Collections, 1923.
- Scartho Road Cemetery, 1951.

STAFF OF THE HEALTH DEPARTMENT, 1952.

MEDICAL OFFICER OF HEALTH AND SCHOOL MEDICAL OFFICER.

J. A. KERR, V.R.D., B.Sc., M.D., D.P.H., (*Also Certifying Officer under the Mental Deficiency Acts, and Medical Inspector of Aliens*).

SENIOR ASSISTANT MEDICAL OFFICER OF HEALTH FOR MATERNITY AND CHILD WELFARE—

JANET W. HEPBURN, M.B., Ch.B., D.P.H. (*Also Certifying Officer under the Mental Deficiency Acts, and Medical Inspector of Aliens*).

ASSISTANT MEDICAL OFFICER OF HEALTH AND ASSISTANT SCHOOL MEDICAL OFFICERS—

J. G. J. COGHILL, M.B., Ch.B., (*Also Certifying Officer under the Mental Deficiency Acts and Medical Inspector of Aliens*).

DR. P. I. ATKINSON, M.B. (Calcutta), (from April, 1952).

GERTRUDE K. BIRCHENOUGH, M.R.C.S., L.R.C.P., D.P.H. (Resigned 31.12.1952)

*EILEEN M. PRIOR, L.R.C.P., M.R.C.S.

SANITARY INSPECTORS.

H. PARKINSON, 1, 2. *Chief Sanitary Inspector.*

H. CORMACK, 1, 2. *Deputy Chief Inspector.* (Resigned 31.8.1952).

A. MANSON, 1, 2. *Deputy Chief Inspector.* (from 1.9.1952).

W. W. REED, 1, 2. *Senior District Inspector.* (from 1.9.1952).

R. GROAT, 1, 2.

S. F. BURKITT, 1, 2.

G. A. BOANAS, 1, 2.

J. R. FISHER, 1, 2.

F. HOLMES, 1, 2.

A. F. C. KENT, 1.

S. A. BARKER, 1, 2.

G. H. COOPER, 1, 2.

J. WILSON, Disinfectors; and 4 rat catchers.

HEALTH VISITORS.

MISS C. M. LORD, 3, 4, 5, *Superintendent.* (Resigned 30.9.1952).

MISS M. KELLY, 3, 4, 5, *Superintendent.* (from 27.10.1952).

MISS E. M. TIPPLER, 3, 4, 5.

MISS H. BRAGG, 3, 4, 5.

MISS M. J. MUMBY, 3, 4, 5.

MISS E. M. HENLY, 3, 4, 5.

MISS M. C. BUGG, 3, 4, 5.

MRS. I. HALDANE, 3, 4, 5.

MRS. M. B. WHEATLEY, 3, 4, 5.

MISS J. D. M. VARRIE, 3, 4, 5.

MISS J. STEEL, 3, 4, 5.

MISS B. M. WATSON, 3, 5.

MISS K. CORR, 3, 5. (from 21.4.1952).

STUDENT HEALTH VISITORS.

MISS J. BELL, 3, 4. (from 19.9.1952).

MISS K. L. SPENCER, 3, 4. (from 19.9.1952).

TUBERCULOSIS VISITORS.

MISS D. ATKIN, 3, 4, 5.

*MRS R DONSON, 4

HOME NURSING SERVICE.

- MISS A. H. FELTON, 3, 4. *Superintendent*. (Resigned 13.9.1952).
 MISS F. ENGLEADOW, 3, 4. *Superintendent and Non-Medical Supervisor of Midwives*. (from 1.11.1952).
 MRS. F. B. STEELE, 3, 4.
 MISS S. LEEDHAM, 3.
 MRS. B. BILLINGHAM, 3.
 MR. V. TOWRISS, 3.
 MR. J. W. WEST, 3.
 MRS. J. HARPER, 3. (from 3.6.1952).
 MRS. S. M. HIGSON, 3, 4. (from 1.10.1952).
 MISS B. E. BELL, 3. (from 18.11.1952). and six part-time nurses.

MUNICIPAL MIDWIVES.

- MISS R. F. A. MILLINGTON, 3, 4. *Superintendent*. (Resigned 30.9.1952).
 MISS D. G. INKPEN, 3, 4.
 MISS C. TIERNEY, 3, 4.
 MISS R. SMITH, 3, 4.
 MISS E. BAXTER, 3, 4.
 MISS G. A. BAXTER, 3, 4.
 MISS F. E. JOHNSON, 3, 4.
 MRS. K. M. BIRKETT, 3, 4.
 MISS D. M. DAWSON, 3, 4.
 MRS. C. WESTACOTT, 3, 4.
 MRS. M. QUINN, 3, 4.

AMBULANCE SERVICE.

- E. BROWN, Ambulance Officer, and staff of 26.

MENTAL HEALTH SERVICE.

- MISS E. M. WOULD, *Petition Officer and Mental Visitor*.
 MISS E. L. ARKINSTALL, *Mental Welfare Worker*, (Resigned 13.9.1952).
 MISS R. M. MORRISON, *Mental Welfare Worker*
 MISS P. M. BOWMER, (from 30.9.1952).
 L. C. RACKHAM, *Duly Authorised Officer*.
 G. W. A. MACKENZIE, *Duly Authorised Officer*.
 MRS. M. B. TOYNE, *Clerk*.
 MRS. L. I. SZWECHLOWICZ, *Clerk*.

OCCUPATION CENTRE STAFF.

- MISS E. PATERSON, *Supervisor*. (from 1.4.1952).
 MRS. A. E. COOK, *Assistant Supervisor*. (from 1.5.1952).
 MRS. L. A. WILLERTON.
 MISS M. H. BARKER.

DOMESTIC HELP SUPERVISOR:—MISS L. BLACKBURN.

ALMONER:—MISS A. GREENSTOCK.

CLERKS.

- T. E. DAVIDSON, *Chief Clerk*.
 W. R. GALE.
 D. AMERY.
 MRS. J. R. GOMERSALL.
 MISS E. JONES.
 MISS D. H. MOLTON.
 MISS I. HOLDEN,
 S. NASH, (*Sanitary Sub-Department*).
 T. H. R. JOHNSON, (*Sanitary Sub-Department*).
 MISS J. WESTLAND, (*Sanitary Sub-Department*).
 MRS. J. A. POTTER, (*Maternity and Child Welfare Sub-Department*).
 MRS. M. CLEVELAND, (*Maternity and Child Welfare Sub-Department*).
 MISS A. M. TRUMBLE, (*Maternity and Child Welfare Sub-Department*).

MISS M. E. MOORE, (*Maternity and Child Welfare Sub-Department*, from 26.5.1952).

MISS S. WILLING, (*Maternity and Child Welfare Sub-Department*, from 27.5.1952).

MRS. E. DUMELOW, (*Maternity and Child Welfare Sub-Department*, Resigned 31.5.1952).

MRS. C. F. CHIDWICK, (*Maternity and Child Welfare Sub-Department*, Resigned 31.5.1952).

* Part-time appointment.

1. Sanitary Inspectors Certificate.
2. Meat Inspectors Certificate.
3. State Registered Nurse.
4. State Certified Midwife.
5. Health Visitors Certificate.

To the Mayor, Aldermen and Councillors of the County Borough of Grimsby.

I have pleasure in submitting the annual report on the health services of the borough for the year 1952, prepared according to Ministry of Health Circular 2/53 dated 22nd January, 1953.

The birth rate in Grimsby at 18.1 remains above the rate for England and Wales, although slightly lower than in 1951. There was an appreciable lowering of the adjusted death rate, 11.7 as compared with 12.6 in 1951. Unfortunately, 1952 proved to be a black year so far as maternal mortality was concerned, there being no less than three deaths after a nil record in the two preceding years. It is significant, however, that none of these fatalities occurred in domiciliary cases, full use having been made of hospital facilities. In respect to infant mortality the rate remains unchanged and appreciably higher than that for England and Wales. It would appear that much remains to be done to save infant life by concentration on ante-natal care and the prevention of premature births.

With regard to infectious diseases there was nothing outstanding with the exception of (a) the occurrence of 5 cases of diphtheria, all members of one family, none of whom had been immunised, and (b) an epidemic of Sonne dysentery. This epidemic attained considerable proportions before the nature of the disease was recognised and adequate steps taken to prevent spread of infection. Its incidence in the residential nursery was high owing to various factors, viz, lack of adequate isolation facilities, the high incidence of short term stay cases, the overcrowding there and the non-existence of a reception home. Similarly, there was a very high incidence in the schools.

From the survey prepared for the Ministry of Health and included later on in this report the working of the National Health Service Act, 1946, will be seen. On the whole the liaison between the various services is improving, but much yet remains to be done to secure complete integration between the services under Parts II, III, and IV. Continuity of service between hospitals and local health authority has been greatly helped by the services of Alderman Harris as Vice-Chairman of the Grimsby Hospital Management Committee, and similar help has been given by those councillors who have represented the local health authority on the appropriate committee dealing with mental illness and mental deficiency.

On the Grimsby Executive Council we have continued to be fortunate in having certain of our councillors appointed as representatives of specialists bodies (a) pharmacists and (b) ophthalmic opticians.

The health department has been responsible for making public in the Press any information concerning the hospital services, the work of the local executive council, and facilities available through the local health authority. The almoner service has suffered through lack of staff, but the almoner has continued to have access to hospitals and the arrangements for passing on the care of cases being discharged from hospital to district nurses and midwives have been satisfactory.

With regard to the psychiatric out-patients clinic the mental health workers continue to furnish social case histories for the consultant staff and the liaison thus obtained is extremely good for all concerned.

The Part II midwifery training school continues to run successfully by co-operation between the Grimsby Hospital Management Committee and the local health authority, and towards the end of the year the sister tutor employed at the maternity hospital became responsible for the supervision and training of pupil midwives both in hospital and on the district.

The sanitary inspectors have continued to be fully employed in the prevention of disease; duties in connection with sanitation, housing, food inspection, investigation of cases of infectious disease, all come within their province, and the opening of a new public abattoir in the borough will increase their work and responsibility as it will serve a large area outside the borough.

I have stressed the liaison between the various services but would wish to emphasise the fact that this would not have been obtained but for the very excellent work done by the medical officer of health, Dr. J. A. Kerr, whose sudden death in February, 1953, deprived the town of a very efficient officer, one who never spared himself in his endeavour to give of his best to all work for the good of the town. His work was an inspiration to all those members of the health department who were privileged to be associated with him in any way, and the example he gave of unswerving devotion to duty will be long remembered. The health services now provided are largely the fruit of his planning, and I have no doubt he would have wished to express his thanks to the Chairman and Members of the Health Committee for the support given him and the interest taken by them in the many problems brought to their notice.

May I in turn express on behalf of the members of the health department our appreciation of the help and encouragement given to us all by the members of the Health Committee and the various sub-Committees.

JANET W. HEPBURN,

Acting Medical Officer of Health.

HEALTH DEPARTMENT,
1, Bargate, Grimsby.

I.—STATISTICS AND SOCIAL CONDITIONS.

GENERAL STATISTICS.

Area (in acres)—excluding foreshore	5,468
Registrar-General's estimate of population, mid-1952	93,200
Number of inhabited houses (end of 1952) according to Rate Books	26,719
Rateable value	£570,792
Sum represented by a penny rate	£2,295

EXTRACTS FROM VITAL STATISTICS OF THE YEAR.

Live births:—	Males	Females	Total.			
Legitimate ..	815	781	1596	}	Birth Rate ..	18.1
Illegitimate	53	44	97			
	<u>868</u>	<u>825</u>	<u>1693</u>			

Adjusted birth rate (Area comparability factor 1.03) 18.7

Still births:—

Legitimate ..	19	24	43	}	Rate	0.46*
Illegitimate	..	..	..
	<u>19</u>	<u>24</u>	<u>43</u>			

Deaths 555 485 1040 Death Rate .. 11.1

Adjusted death rate (Area comparability factor 1.05) 11.7

Number of women dying in, or in consequence of childbirth:—

Deaths 3 ; Rate per 1,000 total (live and still) births 1.72

Death rate of infants under one year of age per 1,000 live births:—

Legitimate 36.3; Illegitimate — ; Total (58 deaths) 34.2
(58 deaths) (No deaths)

	Number	Rate
Deaths from measles	1	0.01
„ whooping cough	0	0.00
„ diarrhoea (under two years of age)	3	†
„ respiratory tuberculosis	29	0.31
„ other tuberculous diseases	3	0.03
Total tuberculosis deaths	32	0.34
Deaths from cancer	201	2.15
Deaths from influenza	1	0.01

* 24.7 per 1,000 total (live and still) births.

† 1.77 per 1,000 live births.

Population.—The Registrar General's estimate of the home population of Grimsby for 1952 is 93,200, a decrease of fifty on his estimate for 1951. The natural increase of the population, i.e., the excess of births over deaths was 653.

Births.—There were 1,693 live births (868 males and 825 females), giving a birth rate of 18.1 per thousand of the estimated home population, compared with 15.3 for England and Wales and 16.9 for the 160 county boroughs and great towns, including London. Table 2 at the end of this report gives the rates over a period of years compared with those for England and Wales.

The adjusted birth rate for Grimsby County Borough (calculated by multiplying the crude rate by the Registrar General's area comparability factor of 1.03) was 18.7.

Ninety-seven (5.7 per cent.) of the births were illegitimate. The illegitimacy rate was 57 per thousand live births; for England and Wales it was 46.

Still Births.—Forty-three still births were registered, giving a rate of 0.46 per thousand of the population compared with 0.35 for England and Wales. The rate expressed per thousand total (live and still) births was 24.7, while for England and Wales it was 22.6.

Deaths.—There were 1,040 deaths (555 males and 485 females), equal to a death rate of 11.1, compared with 11.3 for England and Wales and 12.1 for the great towns. Table 3 gives the local and national rates over a period of years.

The adjusted death rate for Grimsby (calculated by multiplying the crude death rate by the Registrar General's comparability factor of 1.05) was 11.7.

Five hundred and thirty persons, comprising residents and non-residents, died in institutions in the borough, equivalent to 46 per cent. of the total deaths registered.

During the year 569 persons died at seventy years of age and upwards, the numbers at age periods being:—

	MALES	FEMALES	TOTAL
Between 70 and under 75 years	88	83	171
„ 75 and under 80 years	93	83	176
„ 80 and under 85 years	68	62	130
„ 85 and under 90 years	34	30	64

also 11 males and 17 females aged 90 and over. This is equal to 49 per cent. of the total deaths.

Table 5 at the end of this report, giving the causes of death in age periods was prepared in the Health Department from information supplied weekly by the local registrar. The classification agrees closely with the figures received from the Registrar General on 20th May, 1953.

Infant Mortality.—There were 58 deaths of infants under one year of age, giving an infant mortality rate of 34.2 per thousand live births, compared with 26.6 for England and Wales. The latter rate is the lowest ever recorded in this country.

State of Employment.—The Manager of the Employment Exchange has kindly furnished particulars regarding the number of registered unemployed persons in the Grimsby Exchange area which covers Grimsby, Cleethorpes and the outlying districts within a radius of 12 miles, including Immingham. Separate figures are not available.

Total live register in January, 1952			
(males 976; females 681)	...	...	1,657
Total live register in July, 1952			
(males 701; females 207)	...	...	908
Total live register in December, 1952,			
(males 1,344; females 392)	...	...	1,736

These figures include temporarily stopped claimants.

The number of residents who have left Grimsby permanently to take up employment in distant areas was 33 males.

Rainfall.—The total rainfall during the year amounted to 20.02 inches (26.07 in 1951), and the heaviest fall was 0.90 inches on 2nd October, 1952.

II.—PREVALENCE OF, AND CONTROL OVER, INFECTIOUS AND OTHER DISEASES.

The incidence of notifiable diseases (other than tuberculosis) was as shewn below.

Diseases.	Total Cases notified.	Cases admitted to Hospital.	Total Deaths.
Scarlet fever	74	26	—
Diphtheria	5	5	—
Acute pneumonia	29	10	48
Meningococcal infection ..	6	6	2
Acute poliomyelitis	5	5	2
Ophthalmia neonatorum ..	13	—	—
Puerperal pyrexia	29	15	—
Erysipelas	7	—	—
Chicken pox	1,253	27	—
Measles	1,412	17	1
Whooping Cough	457	3	—
Acute rheumatism	6	3	—
Food poisoning	9	2	—
Dysentery	246	51	—
Totals	3,551	170	53

No notifications were received of other notifiable diseases not specified in the table above (e.g., small-pox).

Table 4 on page 100 gives an analysis of the total notified cases under various age groups and in Wards.

Table 7 on page 103 gives a comparison of the death rates and case rates of certain infectious diseases.

Measles.—The total number of notifications of measles was 1,412 (males 673 and 739 females), the heaviest incidence occurring in the second quarter of the year. Seventeen cases were admitted to hospital for treatment. The attack rate for Grimsby was 15.15, while for England and Wales it was 8.86. One death occurred locally.

Whooping Cough.—457 notifications of whooping cough (223 males and 234 females) were received. The attack rate was 4.90; for England and Wales it was 2.61. Three cases were treated in hospital. There were no deaths.

Scarlet fever.—74 notifications of scarlet fever (39 males and 35 females) were received. The local attack rate was 0.79, while for England and Wales it was 1.53. Twenty-six cases were removed to hospital for treatment.

The following table shows the comparative prevalence of scarlet fever over a period of ten years:—

INCIDENCE OF SCARLET FEVER IN VARIOUS YEARS.

1 Year	2 Estimated Population	3 Total No. of Cases Notified	4 Attack Rate per 1,000 Population	5 No. of Deaths Regd.	6 Mortality per 100 Cases Notified	7 Mortality per 1,000 Population	8 No. of Cases treated in Hospital	9 Percentage removed to Hospital
1943	76,460	206	2.69	1	0.48	0.01	144	69.9
1944	76,150	153	2.00	1	0.65	0.01	121	79.0
1945	78,030	76	0.97	—	—	—	50	65.7
1946	86,340	55	0.63	—	—	—	41	74.5
1947	89,190	119	1.33	—	—	—	80	67.2
1948	91,060	263	2.88	1	0.38	0.01	96	36.5
1949	91,250	213	2.33	1	0.46	0.01	77	36.1
1950	93,240	126	1.35	—	—	—	38	30.1
1951	93,250	65	1.69	1	1.53	0.01	20	30.7
1952	93,200	74	0.79	—	—	—	26	35.1

Diphtheria.—Five cases (2 males and 3 females) were notified, and all were removed to hospital for treatment. The attack rate for Grimsby was 0.05, while that for England and Wales was again low – 0.01.

The table appended shows the prevalence of Diphtheria over a period of ten years:—

INCIDENCE OF DIPHTHERIA IN VARIOUS YEARS.

1 Year	2 Estimated Population	3 Total No. of Cases Notified	4 Attack Rate per 1,000 Population	5 No. of Deaths Regd.	6 Mortality per 100 Cases Notified	7 Mortality per 1,000 Population	8 No. of Cases treated in Hospital	9 Percentage removed to Hospital
1943	76,460	167	2.18	10	5.98	0.13	160	95.8
1944	76,150	150	1.96	2	1.33	0.02	150	100.0
1945	78,030	53	0.67	1	1.88	0.01	52	98.1
1946	86,340	31	0.35	1	3.22	0.01	31	100.0
1947	89,190	21	0.23	1	4.75	0.01	21	100.0
1948	91,060	23	0.25	1	4.34	0.01	23	100.0
1949	91,250	8	0.08	1	12.50	0.01	7	87.5
1950	93,240	0	—	—	—	—	—	—
1951	93,250	10	0.10	1	10.00	0.01	10	100.0
1952	93,200	5	0.05	—	—	—	5	100.0

Pneumonia.—Twenty nine notifications were received—26 of primary pneumonia and 3 of influenzal pneumonia. The local attack rate was 0.31 compared with 0.72 for England and Wales. Ten cases were treated in hospital. 48 deaths were ascribed to all forms of pneumonia, giving a local death rate from this cause of 0.51 (England and Wales 0.47).

Meningococcal Infection.—Six cases were notified relating to two male and four female children under 2 years of age, equal to an attack rate of 0.06 (England and Wales 0.03). Two cases died.

Ophthalmia Neonatorum.—13 cases of this disease were reported. The services of a nurse are offered by the local authority in all cases nursed at home.

Puerperal Pyrexia.—29 notifications of puerperal pyrexia were received. The attack rate per thousand total births was 16.7, compared with 17.8 for England and Wales. When a case is nursed at home the services of a district nurse are offered by the local authority, but 15 of the cases notified were removed to hospital for treatment.

Erysipelas.—Seven cases of erysipelas were notified—4 males and 3 females. The local attack rate was 0.07 (England and Wales 0.14).

Chicken Pox.—This disease was again prevalent, there being 1,253 cases (610 males and 643 females) notified, compared with 926 in 1951. Twenty seven cases were admitted to hospital for treatment.

Acute Poliomyelitis.—Five cases of the paralytic form of this disease were notified, and all were admitted to the infectious diseases hospital for treatment. The local attack rate was 0.05; for England and Wales it was 0.06 (paralytic) and 0.03 (non-paralytic). Two cases died. The local death rate was 0.02 (England and Wales 0.01.)

Influenza.—This is not a notifiable disease unless complicated by pneumonia. One death only was certified as due to influenza, giving a death rate of 0.01 compared with 0.04 for England and Wales.

Food Poisoning.—Nine notifications were received, and two cases were treated in hospital. The local attack rate was 0.09, and the corresponding rate for England and Wales was 0.13.

Acute Rheumatism.—The Acute Rheumatism Regulations of 1950 require the notification of cases of rheumatism under 16 years of age occurring in specified parts of England.

Six such notifications were received relating to 3 boys and 3 girls in Grimsby. Each case is finally reported on by the consultant physician for assessment and placing in the appropriate category under a scheme devised by the Royal College of Physicians. One boy was thus proved to be non-rheumatic. See Table 8 at the end of this report.

Small Pox.—There were no cases of small pox or suspected small pox in Grimsby during 1952.

Dysentery.—A total of 246 cases (134 males and 112 females) were notified in the borough to the end of the year. Only one case of amoebic dysentery was notified but 245 cases of Sonne dysentery occurred between the end of September and 31st December. Four cases had been reported prior to an explosive outbreak of the disease at the children's nursery, 61 Bargate, in October; 19 cases were then detected and soon after that the number of cases notified gave clear indication that epidemic proportions were being assumed. The great difficulty in controlling this troublesome infection is that many carriers are quite symptom-free; also that in the case of a person who has been detected as suffering from the disease both clinically and bacteriologically a number of quite negative bacteriological results may be obtained, sufficient even to justify the assumption that he is free from infection, when suddenly and quite unexpectedly a positive swab turns up indicating that the organism is still being excreted.

Ideally, the control of this disease would involve hospitalisation of all cases but this is not possible because of the lack of hospital facilities, so under the circumstances the brunt of the attack falls on the front line medical troops—the general practitioners. In this epidemic their co-operation was enlisted and they did their best to tackle the problem, ably assisted by the sanitary inspector's staff and the pathological laboratory service at Grimsby General Hospital, but by the close of the year the epidemic was still in full swing.

Once Sonne dysentery infection is introduced into a household it very frequently spreads to all other members of the family; one or more of these show no symptoms and only routine investigation will bring the infection to light. This is often a long and tedious process and not always practicable, hence the difficulty in stamping out an epidemic which is always troublesome if not really serious.

Cancer.—The number of deaths in Grimsby due to cancer was 201, giving a local death rate from this cause of 2.15 compared with 1.99 for England and Wales. The rates for the previous year were 1.76 and 1.96 respectively. Every endeavour has been made to assist the Radio-therapy Centre at Scunthorpe in the follow-up of their cases, and copies of the particulars of all deaths from cancer in the borough are forwarded to the medical officer in charge.

Cancer education.—With the support and patronage of the Mayoress of Grimsby a meeting of representatives of eighteen women's organisations was held in March, 1952, and it was then decided that cancer education lectures should be given to women's organisations throughout the town.

The support of the local medical committee and of the health committee was obtained, and as a result 16 lectures were given by medical practitioners during the ensuing nine months. These meetings were well attended, the numbers varying from 20 to 150, and the questions asked in discussion have proved the value of such educational lectures.

The inaugural meeting of the cancer campaign was addressed by Dr. Malcolm Donaldson who has devoted himself to work in cancer education, and a further lecture was given by him to the largest women's club in the area.

Venereal Diseases.—The special out-patient clinic for venereal diseases at 38 Queen Street, Grimsby, is under the administrative control of the Grimsby Hospital Management Committee. The times at which sessions are held with the venereologist in attendance are:—

Males:—Mondays, 10 a.m. and 4.30 p.m.; Wednesdays 2 p.m.

Females:—Mondays, 2 p.m.; Thursdays 10 a.m. and 4.30 p.m.

The Centre is open for intermediate attendance from Monday to Friday from 10 a.m. to 12 noon and 2 to 7 p.m., also on Saturday from 10 a.m. to 12.30 p.m.

During the year 206 Grimsby residents attended this clinic for the first time, the classification of these new cases being:—

<i>Condition</i>	<i>Males</i>	<i>Females</i>	<i>Total</i>
Syphilis	11	8	19
Gonorrhoea	14	6	20
Other than venereal ..	142	25	167
	<hr/> 167	<hr/> 39	<hr/> 206

The attendances made by borough patients were 3,224 (males 1,817 and females 1,407).

Information about the location and times of sessions of the clinic are circulated to shipping by the port health inspectors.

III.—TUBERCULOSIS.

Notifications.—During the year 148 persons were notified as suffering from tuberculosis as compared with 149 during the previous year. In addition, 18 pulmonary cases already notified in other areas came into the borough. The age groups and ward distribution are shown in Tables 9 and 10 in the Appendix.

The Public Health (Tuberculosis) Regulations, 1952, came into force on the 1st May revoking and replacing the Public Health (Tuberculosis) Regulations of 1930. The Regulations of 1930 had become outdated and at variance with the present structure of the tuberculosis service, but the provisions for the notification of the disease remains, in effect, unaltered.

Deaths. (Table 9)—The number of deaths and the death rates from tuberculosis per thousand of the population in 1952 were as follows:—

	<i>No. of deaths</i>	<i>Death rate</i>
Respiratory tuberculosis	29	0.31
Other forms	3	0.03
	<hr/>	<hr/>
Total ..	32	0.34
	<hr/>	<hr/>

The deaths for the previous year numbered 55.

The death rate for all forms of tuberculosis for England and Wales was 0.23 (respiratory 0.21, other forms 0.02).

Table 11 in the Appendix shows the number of primary notifications received per thousand of the population, and the ratio of non-notified deaths in each year of the decennium.

Included in the deaths were 2 cases that had not been previously notified as suffering from tuberculosis, and the proportion of non-notified deaths is therefore 6.2 per cent.

Revision of Register.—The names of 138 notified persons were removed from the register in 1952, these consisting of:—

Diagnosis not established	3
Recovered	70
Died	32
Not desiring public medical treatment	14
Left district	14
Not found after adequate search	5

On 31st December, 1952, there were 785 names on the register of the Medical Officer of Health, 672 relating to pulmonary and 113 to non-pulmonary patients.

Tuberculosis Regulations, 1925.—No action was taken during 1952 relating to persons suffering from pulmonary tuberculosis employed in the milk trade.

Public Health Act, 1936.—No action was taken under Section 172 of this Act relating to the compulsory removal to hospital of persons suffering from tuberculosis.

Mass Radiography.—At the beginning of 1952 arrangements were made by the Sheffield Regional Hospital Board for the Lincoln Area Mass Radiography Unit to visit this area. As much publicity as possible was given to the importance of this service in order to gain the co-operation of the large firms and the public. It was stressed that only by X-ray could chest diseases be detected in the very early stages. The co-operation of the local education authority with this department succeeded in giving the opportunity of chest X-ray to approximately 1,300 school children who would be leaving school during 1952.

The Mass Radiography Unit operated in Grimsby, Cleethorpes and Immingham from February to September, 1952, and X-rayed on miniature films 18,326 persons (males 9,575 and females 8,751). The following table gives the final diagnosis of the 97 Grimsby residents who were investigated at the Chest Clinic following attendance at the Mass Radiography Unit:—

<i>Final Diagnosis</i>	<i>Men</i>	<i>Women</i>	<i>Children</i>	<i>Total</i>
Pulmonary tuberculosis, active	10	7	1	18
„ „ inactive	11	14	—	25
„ „ healed	12	4	1	17
Sarcoidosis	1	—	—	1
Lung abscess	1	—	—	1
Carcinoma of bronchus	3	—	—	3
Carcinoma of lung	1	—	—	1
Mediastinal tumour	—	1	—	1
Pneumonia, resolving	—	1	—	1
Post pneumonic fibrosis	3	3	—	6
Bronchiectasis	3	2	1	6
Bronchitis	3	5	—	8
Rib fracture	1	—	—	1
Aneurysm	—	1	—	1
Pneumokoniosis	1	—	—	1
Thickened pleura associated with empyema	—	1	—	1
Diaphragmatic hernia	—	2	—	2
Other conditions	1	2	—	3
	51	43	3	97

B.C.G. Vaccination.—In November, 1949, approval was given to a scheme of B.C.G. vaccination by the Minister of Health and the chest physician of the area, Dr. J. Glen, was nominated as the local authority's agent in this work. At his discretion tuberculous children who are contacts of cases and at risk in their own homes were dealt with. So far 281 cases have been vaccinated through the authority's approved scheme—74 in 1951 and 207 in 1952. The appropriate Mantoux re-check was carried out at the end of eight weeks. These figures do not include any nursing staff attached to the local hospitals.

Towards the end of 1952 the school entrants at one or two selected schools were given, after the parents had consented, Mantoux tests, and the Chest Physician was able to follow up any positive reactors in children and investigated the family from the point of view of case finding. Out of the 100 children that were patch tested 21 showed a positive reaction.

CHEST CLINIC.—The following table (by courtesy of Dr. J. Glen, consultant chest physician) is a general analysis of the work carried out in regard to Grimsby patients at the Chest Clinic during 1952:—

DIAGNOSIS.	PULMONARY.				NON-PULMONARY.				TOTAL				GRAND TOTAL
	Adults		Children		Adults		Children		Adults		Children		
	M	F	M	F	M	F	M	F	M	F	M	F	
A.—NEW CASES examined during the year (exclud- ing contacts):													
(a) Definitely tuberculous	50	33	7	6	8	9	5	1	58	42	12	7	2,956
(b) Diagnosis not com- pleted ..	—	—	—	—	—	—	—	—	13	17	2	2	
(c) Non-tuber- culous ..	—	—	—	—	—	—	—	—	650	1683	260	210	
B—CONTACTS ex- amined dur- ing the year :													
(a) Definitely tuberculous	5	9	4	8	—	—	—	—	5	9	4	8	865
(b) Diagnosis not com- pleted ..	—	—	—	—	—	—	—	—	—	—	—	1	
(c) Non-tuber- culous ..	—	—	—	—	—	—	—	—	143	261	219	215	
C.—OTHER CASES:													
(a) Inward Transfers	14	9	—	—	—	—	—	—	14	9	—	—	24
(b) Lost sight of cases who returned ..	1	—	—	—	—	—	—	—	1	—	—	—	

DIAGNOSIS.	PULMONARY				NON-PULMONARY				TOTAL				GRAND TOTAL
	Adults		Children		Adults		Children		Adults		Children		
	M	F	M	F	M	F	M	F	M	F	M	F	
D:—NUMBER OF CASES written off Clinic Register:—													
(a) Recovered	14	24	7	7	3	8	7	5	17	32	14	12	3853
(b) Died—all causes	17	15	—	1	1	1	—	1	18	16	—	2	
(c) Outward Transfers	9	6	1	1	—	1	—	—	9	7	1	1	
(d) Not desiring further assist- ance	8	3	—	—	2	1	—	1	10	4	—	1	
(e) Lost sight of	—	1	—	—	—	—	—	—	—	1	—	—	
(f) Non- tuberculous	—	—	—	—	—	—	—	—	817	1959	495	437	
E.—NUMBER of cases on Clinic Register as on 31st December 1952:—													
(a) Definitely Tuberculous	300	248	68	62	30	25	22	19	330	273	90	81	817
(b) Diagnosis not completed	—	—	—	—	—	—	—	—	14	22	4	3	

1. Number of cases on Clinic Register on 1st January, 1952	825
2. Total number of attendances at Clinic, including contacts	10,842
3. Number of consultations with medical practitioners (otherwise)	7,113
4. Number of attendances for artificial sunlight treatment	396
5. Number of artificial pneumothorax refills carried out	1,438
6. Number of visits paid to the homes of patients by the Tuberculosis Health Visitors	1,879

X-Ray Department.

	<i>Males.</i>	<i>Females.</i>	<i>Children</i>	<i>Total.</i>
No. of X-Ray films taken	1,018	952	51	2,021
No. of X-ray screening examinations carried out	1,661	3,076	1,626	6,363

Non tuberculous conditions requiring special investigation referred to the Chest Clinic during the year ended 31st December, 1952.

	<i>Adult males</i>	<i>Adult emales</i>	<i>Children</i>
Cancer	11	6	—
Bronchiectasis	7	5	5
Asthma	—	—	1
Atypical Pneumonia	6	3	—
Unresolved Pneumonia	12	6	2
Lung abscess	4	1	—
Non-tuberculous Effusions	—	3	—
Cardiac Conditions	5	11	—
Spontaneous Pneumothorax	2	—	—
Foreign Bodies	—	—	—
Empyema	1	—	—
Simple Tumours of Lung	—	—	—
Cystic Disease	1	1	—
Other Conditions	6	7	—
TOTALS ..	55	43	8

Source of other special examinations referred to the Chest Clinic during 1952:—

	<i>Adult males</i>	<i>Adult females</i>	<i>Male children</i>	<i>Female children</i>	<i>Total</i>
Grimsby Corporation:—					
Maternity & Child Welfare Department, including Ante-Natal cases referred by general practitioners	—	1,014	—	—	1,014
Police Candidates	6	1	—	—	7
District Nursing Staff	—	3	—	—	3
Education Department, including School Medical Nursing staff, teaching appointments, entrants to Training Colleges, Nursery School Helpers	10	20	—	—	30
Children's Department	6	42	—	—	48
Grimsby Hospitals Management Committee:—					
Hospital Staff	—	6	—	—	6
National Service Medical Board:—	25	3	—	—	28
Migrant Examinations:—					
Australia	12	8	—	1	21
Africa, South	1	—	—	—	1
Africa, West	—	1	—	—	1
Bermuda	1	—	—	—	1
Canada	28	28	3	1	60
Persian Gulf	—	1	—	—	1
Rhodesia	2	1	2	—	5
U.S.A.	1	6	—	—	7
	92	1,134	5	2	1,233

IV.—SPECIAL SURVEY OF LOCAL HEALTH SERVICES.

Introduction.

A general review of the working of these services was undertaken in compliance with Ministry of Health Circular 29/52 dated 19th August, 1952, and the report which follows has been prepared for inclusion by the medical officer of health in the annual report for 1952 of Grimsby County Borough.

General.

Administration.

The Health Committee, which includes co-opted members who have special experience in voluntary and medical work, deals with all matters relating to the discharge of the functions of Grimsby County Borough Council under the National Health Service Acts. In addition all sub-committees of the Health Committee have also co-opted members with special interests in the work undertaken by these sub-Committees.

All services are generally administered and directed by the medical officer of health, who is also school medical officer.

Co-ordination and co-operation with other parts of the National Health Service.

The detailed statement of arrangements for co-ordination of services is mentioned further on in the survey, but co-ordination is greatly helped by the fact that the medical officer of health serves on the—

Local Medical Committee

Grimsby Executive Council.

Obstetric Committee of Grimsby Executive Council.

Grimsby Hospital Management Committee.

Medical Officers of Health Liaison Committee of the Sheffield Regional Hospital Board.

A guide to the local health services was prepared in accordance with Ministry of Health Circular No. 36/48 and copies were distributed to the public through the Council's clinics and centres, as well as to general medical practitioners and various voluntary organisations. A further edition of this booklet was prepared and issued in 1952.

Joint use of staff.

There has been very limited use of doctors in private practice on a part-time or sessional basis, but the services of the consultant chest physician are available part-time under Section 28 of the National Health Service Act, 1946.

Voluntary organisations.

Valuable help is given by the following voluntary organisations:—

GRIMSBY HOME OF HELP FOR GIRLS (Lincoln Diocesan Moral Welfare Association). All cases of unmarried mothers are cared for and found accommodation in mother and baby homes with the help of one of the sisters employed in this Home. A grant of £200 per annum is made by the local health authority towards the salary of one of the sisters.

CENTRAL CARE COUNCIL which comprises two sub-committees:—

(a) General care.

(b) Tuberculosis care.

An annual grant of £1,600 is made by the Grimsby County Borough Council to the Central Care Council on which the Borough Council is represented. This money is used for the provision of extra nourishment in the form of milk and eggs to necessitous cases and to provide clothing and footwear, etc., in cases of financial hardship.

Particular Services.

Care of Expectant and Nursing Mothers and Children under School Age.

EXPECTANT AND NURSING MOTHERS.—Ante-natal care is provided at three maternity and child welfare clinics, two belonging to the local health authority and one being rented from the Regional Hospital Board through the local hospital management committee. Two sessions weekly are set apart for new cases, two for re-visits, two for post-natal cases and one for combined ante-natal and post-natal cases. In addition the municipal midwives have a booking session at each of these clinics and carry out ante-natal supervisory work there, but no medical officer attends.

At all these clinics many cases who have booked their own general practitioner for attendance at confinement attend for the purpose of (a) having blood taken for routine tests, i.e. Group, Rhesus factor, Haemoglobin, Wassermann, Kahn, Meinicke and Gonococcal complement fixation. Blood counts are carried out only if the haemoglobin is low, and (b) for arrangements to be made for X-ray of chest.

All expectant mothers who have booked midwives for their confinement have the same routine tests carried out.

There is a very close liaison between most of the general practitioners and ante-natal clinics, and expectant mothers are encouraged by general practitioners to attend ante-natal clinics for routine tests and also for the educational facilities provided at these clinics.

A weekly specialist clinic is held at the local maternity hospital and medical officers of ante-natal clinics can send their patients to this clinic whenever necessary. No assistance is given at clinics held on general practitioners' own premises.

With regard to unmarried mothers there is again good liaison between the local social welfare worker and the ante-natal clinics, new cases being referred for examination and arrangements made for their confinement either at home, in hospital, or in special homes for unmarried mothers. Full reports are received as to date of discharge and arrangements made for the care of mother and/or baby on discharge so that early follow up visits by health visitors can be made. The local maternity and child welfare sub-committee considers all these cases sympathetically and accepts financial responsibility according to the needs of each case.

Mothercraft training is provided by health visitors at each of the three ante-natal clinics. The syllabus includes:—

Diet and clothing during pregnancy.

Preparation of baby's layette.

Bathing and general care of baby.

Anatomy and preparation of breasts.

Breast feeding—advantages and promotion of.

Development of foetus.

Physiology of labour.

Relaxation—ante-natal and post-natal exercises.

Seventy-eight per cent. of domiciliary cases attend the local health authority's ante-natal clinics for supervision and blood tests, and at some time or other attend the mothercraft classes.

It is regretted that more use is not made of the educational facilities, many expectant mothers attending only once or twice despite the earnest efforts made to attract them by the use of film strips, flannelgram and demonstrations.

Maternity outfits are supplied at maternity and child welfare clinics on a certificate signed by the midwife or general practitioner, but not prior to the 34th week of pregnancy.

CHILD WELFARE.—Eight infant welfare sessions are held weekly and three toddlers' sessions mainly in the local health authority's own premises. No consultant clinics are held on these premises, but by special arrangements consultant services are available for ear, nose and throat, ophthalmic and orthopaedic cases.

No assistance is given to general practitioners at clinics held in their own premises.

CARE OF PREMATURE INFANTS.—None of the health visitors or midwives has received special training in the care of premature infants and most of the work done is by midwives. Cots, hot water bottles, premature baby outfits, premature teats and feeding bottles are provided where home nursing is possible, but where hospital nursing is considered advisable there is excellent co-operation between domiciliary midwife and hospital and admission to hospital is readily available. Oxygenair cot is provided by hospital to ambulance staff for transport of premature babies.

SUPPLY OF DRIED MILKS, ETC.—Facilities are provided at each of the maternity and child welfare clinics for distribution of welfare foods available under the Government Welfare Foods Scheme by officers of the local food office and/or by voluntary workers.

In addition to this a clerk from the maternity and child welfare section attends each of the infant welfare sessions for the sale of other dried milks and nutrients.

DENTAL CARE.—Owing to the breakdown of the dental services following the passing of the National Health Service Act, the routine examination of all expectant mothers at ante-natal clinics has ceased, and instead of expansion there has been a definite diminution in the amount of work done for expectant and nursing mothers and children under five.

When the National Health Service Act came into force the dental staff consisted of one senior dental officer and two assistants, a third being appointed towards the end of 1948. By the beginning of 1949 there was left only one full-time officer and the former senior dental officer who gave a little sessional help with anaesthetics weekly.

As a result of this shortage of staff, only emergency work can be tackled. Staffing conditions have, however, improved during 1952, there being now two full-time dentists and the services of a consultant anaesthetist at least once a week. Despite this increase in staff it has not been found possible to tackle anything except emergency dental work and cases desperately in need of dentures. Routine dental inspection of children under five and expectant and nursing mothers is quite impossible, and though attempts have been made to obtain help on a sessional basis arrangements have never been carried through. Only 10 per cent. of the time of the two dentists employed in the local education authority's scheme is available for maternity and child welfare work.

OTHER PROVISION.—Owing to the inadequacy of arrangements for test feeding to be done at clinics, scales are provided to nursing mothers for use over periods of two to four days in their own homes and these cases are carefully followed up by health visitors with a view to the establishment of breast feeding.

Domiciliary Midwifery.

Eleven midwives are provided, the area being divided up into four districts, three with three midwives and one with two. Of these midwives three are approved as district teaching midwives for the supervision of Part II pupil midwives. They are supervised by a non-medical supervisor who is responsible for planning work, regular visits of inspection and preparation of reports. Actual supervisory visits are made to cases by the non-medical supervisor. Only two midwives are engaged in domiciliary midwifery outside the local health authority's scheme and the amount of work done by one of them is negligible: however, routine visits of inspection are made in both cases, on an average twice a year.

All the midwives are trained in the use of gas and air analgesia apparatus, and gas and air is administered to 70.4 per cent. of cases. In addition to this 40 per cent. of the total cases received other relief by means of pethidine.

All midwives carry out ante-natal supervision in two ways,—(a) in patient's home, and (b) at ante-natal clinics staffed by midwives only.

Although the midwives do not attend ante-natal clinics run by general practitioners on their own premises there is a very close liaison between the midwives and most of the general practitioners.

With regard to the selection of women for hospital confinement on social grounds any case recommended for admission by a midwife on social grounds is accepted, but most of the investigations are done by health visitors whose knowledge of the housing conditions of the area is more detailed.

Attendance at refresher courses is arranged for at least two midwives every year over and above the refresher course provided for district teacher midwives.

As the district is approved for Part II training of pupil midwives, pupils receive the first three months training at the teaching school run by the Grimsby Maternity Hospital and then finish their training period on the district, being supervised by the district teaching midwives. During this period they are given lectures at the hospital, attend maternity and child welfare clinics and gain experience in the various branches of the health services. The responsibility for the district training rests with the sister tutor attached to the training school, and all questions of moment with regard to training are referred to her.

Health Visiting.

Fifteen health visitors (14 full-time and 1 part-time) are employed, supervised by a superintendent health visitor. One full-time and one part-time health visitor are engaged solely in tuberculosis work. General health visiting work consists of routine visits to expectant and nursing mothers and young children, and staffing of ante-natal, post-natal and child welfare clinics. In addition they are notified of all discharges from local hospitals and follow up where necessary. This routine notification of discharges from hospital is extremely helpful and enables health visitors to make any arrangements necessary for ancillary services to be called in in cases where this has not already been done by the Almoner employed by the local health authority. They visit and try to help any aged people who come within their orbit. They do intensive teaching at mothercraft classes and in one area run a successful Parents' Club which covers a wide field of health education.

All health visitors are sent on a fortnight's refresher course every five years and new health visitors are recruited through one of the training schools, the local health authority being responsible for the expenses of the course, examination fees, and salary throughout the period of training.

There is very close liaison between the officers of the maternity and child welfare services, the home help organiser, the almoner and the sanitary inspectors, and it is hoped that in time there will be a closer liaison between health visitors and general practitioners.

Home Nursing.

GENERAL ARRANGEMENTS FOR THE SERVICE.—A District Nurses' Home with one room allocated as a district room is provided. The nurses can be residential; most of the staff prefer to be non-resident.

It has recently been decided to close the midwives' hostel and some members of the domiciliary midwifery staff together with pupil midwives will be accommodated in the district nurses' home.

A superintendent of home nursing, who also acts as non-medical supervisor of midwives, is resident at the Home, and administers the service under the direction of the medical officer of health.

All members of the non-resident staff report at the home daily to be given their work. Certain articles of equipment are stocked at the Home for loan to patients, a charge of 3d. per week per article being made, except to old age pensioners and those on national assistance.

The types of articles lent are mackintoshes, bed pans, urinals, bed rests, cradles, crutches and wheelchairs. Great difficulty is experienced in getting these articles returned especially where a nurse is not in attendance.

CO-OPERATION WITH GENERAL PRACTITIONERS.—This is good generally speaking. The local doctors telephone or send messages by patients' relatives requesting the nurses to attend patients. Special message papers and temperature charts are left at each house for interchange of messages between the doctor and nurse.

Some patients with septic fingers, spots, boils, etc., who are ordered penicillin could quite easily visit the doctor and leave the district nurse to visit the really sick and helpless patients.

LIAISON WITH HOSPITALS.—The local hospitals telephone or post requests for visits to be paid to patients being discharged. Ward sisters' reports should be available to the district nurse at her first visit; these reports would be of great assistance if they included instructions for treatment, and material help would also be given if supplies of lotions and ointments already in use could be provided in small amounts as doctors are not always able to visit patients prior to the district nurse, therefore adequate treatment cannot always be carried out. Doctors have the greatest difficulty in getting patients into hospital and this makes work on the district much harder than necessary. Often these patients are living alone with no one to care for them and in conditions so bad as to be impracticable for home helps to be provided. The feeding of the patients and laundry work are two of the most difficult problems affecting the work of the district nurses and particularly the patients. Greater understanding of patients' home conditions by the hospitals would help regarding this matter.

The classification and proportions of main types of cases attended by home nurses for the past four years were as follows:—

	1949	1950	1951	1952
Chronic:—				
Medical	369	377	421	451
Surgical	70	93	60	78
Acute:—				
Medical	190	218	260	239
Surgical	140	111	106	102
Children under 5 years of age ..	134	104	72	82
Maternity, ante-natal, post-natal and miscarriages	26	32	41	44
Notifiable diseases (ophthalmia neonatorum, puerperal pyrexia, etc.)	18	11	23	40
Tuberculosis	16	8	28	46
Injection:—				
Streptomycin	—	—	7	33
Penicillin	42	25	65	144
Chloromycetin	—	—	1	1

NIGHT SERVICE.—District nurses visit urgent cases up to 9 p.m., and women without nursing training are provided through the home help service for sitting-up with urgent cases who have no one else to do so.

Owing to the shortage of nurses and the pressure under which they work it is not possible to provide a night service of suitably qualified district nurses.

REFRESHER COURSES.—The Queen's Institute of District Nursing arranges post-graduate refresher courses for Queen's Nurses, and nurses are sent to these from time to time. Courses are not arranged for State Registered Nurses or State Enrolled Assistant Nurses, but it is hoped to do so in the future.

DISTRICT NURSING.—State Registered Nurses who apply for district work are encouraged to take their Queen's Training, which is arranged through Leeds as Grimsby is not a training home.

Vaccination and Immunisation.

DIPHTHERIA IMMUNISATION.—During the year a total of 1,451 children completed the series of inoculations, 392 of these being carried out by general medical practitioners. It is pointed out that owing to an outbreak of poliomyelitis the local health authority's clinics for immunisation and vaccination were closed from the 28th July to the 25th August, 1952, and so this figure of 1,451 compares very favourably with last year's total of 1,273. The number of children completing the series of inoculations since the inauguration of the scheme is now 25,834.

Towards the end of 1951 an effort was made to give reinforcing injections to children in the 10-11 age groups in schools and the progress made in that year has been improved upon in 1952. The total number of re-inforcing injections given to school children during the year was 1,224 as compared with 754 during 1951.

The following table shows the actual number of children immunised during the last five years. Owing to the outbreak of poliomyelitis in 1950 vaccination and immunisation sessions were discontinued for a period of six months and consequently the numbers in that year were considerably reduced.

YEAR	PRIMARY IMMUNISATION			REINFORCING
	Under 5 yrs.	5-15 yrs.	Total.	INJECTIONS 5-15 years.
1948	.. 1357	204	1561	633
1949	.. 1151	157	1308	365
1950	.. 722	65	787	219
1951	.. 1181	92	1273	754
1952	.. 1147	304	1451	1224

At present six special clinics are held monthly for immunisation against diphtheria at the infant welfare centres. This is, of course, in addition to the service provided by the general medical practitioners. The principal drive to secure that infants are immunised before they reach the age of one year is made by the medical staff, midwives and health visitors as these officers come into personal contact with the mothers of young children. They impress upon the parents the importance of having young children immunised at the age of eight or nine months. When health visitors make their routine visits they explain to parents the facilities available for immunisation and also leave appropriate literature. It is considered that the approach made by personal contact is of much more value than by any other method. A special leaflet showing the times of clinic sessions is sent to parents of all children reaching the age of one year, and this leaflet stresses, among other things, the importance of early immunisation and vaccination. The response to this is particularly good and it serves as a reminder to those parents who have perhaps overlooked the advice of the visitor.

Propaganda is made in the local press at frequent intervals and publicity is given to immunisation and vaccination in the Grimsby Health Service booklet, the third edition of which was published in 1952. National publicity material is freely distributed in clinics and treatment centres of the local authority, and also posters are displayed on ex-Empire Marketing Board frames.

From time to time arrangements are made for children to receive reinforcing injections against diphtheria at school and the teachers give all the help they can to the medical and nursing staffs for this to be carried out efficiently. The marked improvement in the number of children receiving "booster" doses in the past two years is directly attributable to the propaganda work done in the schools.

VACCINATION.—During the year 433 primary vaccinations and 80 revaccinations were performed, and of this combined total 282 were carried out by general practitioners. The following table shows the number of persons vaccinated during the past five years, although

reference must be made to the cessation of clinics for a period in 1950 and 1952 because of an outbreak of poliomyelitis. The figures shown for 1948 are from the appointed day, the 5th July, 1948.

YEAR	PRIMARY VACCINATIONS.				RE-VACCINATIONS.	
	Age periods					
	Under 1.	1-4	5-14	Adults	Total	All Ages.
1948	144	30	8	11	193	6
1949	181	187	32	32	432	104
1950	73	233	51	56	413	50
1951	113	277	53	92	535	148
1952	129	221	23	60	433	80

In conjunction with the sessions for diphtheria immunisation three sessions are held for vaccination of all persons, which is in addition to the service provided by the general medical practitioners. As with diphtheria immunisation a similar approach is made by health visitors and midwives when they see mothers of young babies in their own homes and at clinics, and the importance of vaccination at the age of 4 months is impressed upon them. Parents are inclined to defer vaccination of their children because there is little or no smallpox in this country, but every endeavour is made to impress upon them that they should take a long view of the child's future and also that the risk of post-vaccinal encephalitis does not occur when vaccination is performed in infancy.

Similar publicity to that carried out for diphtheria immunisation is also made for vaccination.

WHOPING COUGH IMMUNISATION.—Immunisation against whooping cough is being tested out in certain areas by the Medical Research Council, but it is not carried out in this area at present. General medical practitioners, however, occasionally use the combined Diphtheria/Pertussis prophylactic vaccine on a child where a parent has requested this and where the particular doctor is convinced of its efficacy, but this vaccine is not issued by the local health authority.

Ambulance Service.

The returns for the year ended the 31st December, 1952 show yet another increase in the work of the service as compared with previous years, the rate of increase being most remarkable in the number of removals to places out of the area, which almost doubles that of 1951.

During the year 19,926 calls were received; 170 of these came from areas outside the borough and were transmitted to the appropriate authority. 24,516 patients were transported and 142,599 miles were covered by the vehicles. Of the number of patients carried 2,155 were accidents or other types of emergency cases.

As the volume of work grows, increasing difficulty is experienced in meeting the demand with the staff available, and on occasions off-duty staff have been called in to assist. Although the closest liaison exists with local hospitals and clinics, provision of more trolleys would alleviate some of the pressure by accelerating the reception and clearance of vehicles. (a) Specialist hospitals could help by better timing with their admissions and discharges, and (b) clinics by calling for patients in districts or in close proximity to the route travelled by the ambulance of one service. A better understanding with neighbouring authorities is becoming a big factor in aiding the reduction of journeys in long distance work generally, but further improvement could still be gained by the means stated, saving both time and mileage and releasing staff to cope with the heavier demand at home.

Relations with general practitioners in ensuring the proper and economical use of the service have proved very satisfactory. Many cases of doubt have been dispelled after a conversation with the doctor concerned.

Abuses are practically non-existent; any suspected misuse of the service is reported by the driver on his return to the station, and inquiries are instituted at once.

No new type of equipment has been brought into use and none is anticipated in the near future.

In reviewing the service since its inception it would appear that the wider the service became known the greater the call that has been made on it. With the rise in the number using the service, the hospital administration has been made conscious of the need to regulate the flow of patients in and out of their clinics, to cancel transport immediately it became no longer necessary in the interest of the patient and to have someone on their staff responsible for the ordering of transport. More patients have been transported by rail but our geographical position does not lend itself to a lot of use being made of this means of travel. It soon became apparent that the building housing the ambulances was inadequate and early in 1949, the local health authority obtained and adapted new premises as a central ambulance station. The service was then built up, both in staff and vehicles, to the strength proposed in the scheme which had been submitted to, and approved by, the Minister. Some difficulty was experienced in the repair and maintenance of vehicles, which was overcome by the setting up of a workshop at the station and by the appointment of a fitter. Vehicles are now overhauled at regular intervals and all are roadworthy. Old vehicles are gradually being replaced. The staff is fully trained by practical experience and refresher courses are given by qualified medical practitioners each year. Very few changes in personnel have taken place, and this constancy is marked by the high standard of proficiency attained and by the confidence shown by the public in the service. As the work has increased, so the staff with their wider knowledge and experience, have been able to keep pace with the calls made on their services.

Statistical tables for the year 1952 are given below:—

CALLS.			TIME ANALYSIS OF JOURNEYS.	
Accidents	1,255	2300—0700 hours	594	
Sudden illness ..	338	0700—0900 hours	1,093	
Removals	13,777	0900—1500 hours	6,587	
Miscellaneous ..	386	1500—1700 hours	1,460	
For other authorities	170	1700—2300 hours	1,712	
	<hr/> 15,926 <hr/>			

OPERATIONAL.

TYPE OF CASE.			PATIENTS.	JOURNEYS.
Accidents .. ..	..	..	1,316	1,255
Sudden illness ..	..	..	354	338
Removals (local) ..	..	..	21,654	8,981
Removals (others) ..	..	..	1,020	486
Miscellaneous .. ..	..	..	172	386
			<hr/> 24,516 <hr/>	<hr/> 11,446 <hr/>

ANALYSIS OF JOURNEYS.

EMERGENCY.			PATIENTS.	JOURNEYS.	MILEAGE.
Ambulances .. ..	..	..	1,655	1,585	8,957
Sitting case cars ..	..	..	500	488	2,486
GENERAL					
Ambulances .. ..	..	..	14,171	5,268	57,683
Sitting case cars ..	..	..	8,190	3,934	69,954
ABORTIVE AND SERVICE. ..					
Ambulance .. ..	..	..	—	168	938
Sitting case cars ..	..	..	—	431	2,581
			<hr/> 24,516 <hr/>	<hr/> 11,874 <hr/>	<hr/> 142,599 <hr/>
BY RAIL. .. ..	..	..	22	22	2,798

AVERAGE MILEAGE			JOURNEY DISTANCES	
Per patient	5.67	Under 50 miles	11,029	
Per journey	12.33	50 to 100 miles	212	
		Over 100 miles	205	

Prevention, Care and After-care.

TUBERCULOSIS.—All contacts of newly notified cases are followed up by the tuberculosis health visitor and urged to attend the chest clinic for investigation. On the whole the response is very good, the majority of contacts attending for examination.

At the beginning of 1952 arrangements were made by the Sheffield Regional Hospital Board for the Lincoln Area Mass Radiography Unit to visit this area. As much publicity as possible was given to the importance of this service in order to gain the co-operation of large firms and the public. It was stressed that only by X-ray could chest diseases be detected in the very early stages. The co-operation of the local education authority with this department succeeded in giving the opportunity of chest X-ray to approximately 1,300 school children who would be leaving school during 1952.

The Mass Radiography Unit operated in Grimsby, Cleethorpes and Immingham from February to September, 1952, and X-rayed on miniature films 18,326 persons. Out of 97 Grimsby persons who were investigated at the Chest Clinic following their attendance at the Mass Radiography Unit, 60 showed signs of pulmonary tuberculosis while the remaining 37 had other chest conditions.

In November, 1949, approval was given by the Minister of Health to a scheme of B.C.G. vaccination and the chest physician of the area, Dr. J. Glen, was nominated as the local authority's agent in this work. At his discretion tuberculous children who are contacts of cases and at risk in their own homes are dealt with. So far 281 cases have been vaccinated through the authority's approved scheme—74 in 1951 and 207 in 1952. The appropriate Mantoux re-check was carried out at the end of 8 weeks. These figures do not include any nursing staff attached to the local hospitals.

Towards the end of 1952 and after parental consent had been obtained school entrants at one or two selected schools were given Mantoux tests, and the chest physician was able to follow-up any positive reactors in children and investigated the family from the point of view of case finding. Out of 100 children that were patch tested 21 showed a positive reaction.

ILLNESS GENERALLY.—Care of sick persons in their homes became a matter of co-ordination of the hospital, home help, health visiting, home nursing, welfare and Women's Voluntary Services. After-care was provided by arrangement of suitable convalescent and recuperative holidays. Notice of discharge of all patients from hospital is given sufficiently early to enable immediate follow-up. This is particularly important in regard to discharge of diabetic patients as the home nursing service is warned of the discharge and given full data of amount and type of insulin to be administered. The continuity of treatment of discharged patients is thus well covered and the co-ordination of the various services greatly helped by the very efficient work of the local Hospital Management Committee.

With regard to general after-care the Health Committee, in view of the fact that there was no almoner service provided by the Grimsby Hospital Management Committee, decided to employ an almoner and in March, 1949, the first almoner commenced work for the local health authority. By arrangement with the Hospital Management Committee,

she was given access to the local hospitals and to co-ordinate the work of the hospital staff, the general practitioner service and the local health authority. As the demand in her services grew the need for an expansion of this work was recognised and a second almoner was appointed in September, 1949. Unfortunately, the second almoner left her employment in March, 1952, and thereafter the remaining almoner had to arrange her work so as to cover only such selected cases as urgently required her services, for example, cases of peptic ulcer, diabetes, tuberculosis, rheumatism, cancer and cardiac disease. By reason of her employment by the local health authority easy and full co-operation was obtained by other members of the Health Department.

The success of the scheme was recognised by the decision of the Health Committee to have an establishment of three almoners, and by the Hospital Management Committee agreeing to share the cost of two almoners.

Prevention of illness has often been achieved by the arranging of recuperative holidays for tired mothers and housewives thus avoiding total breakdown; by the arranging of a home help or sitter-up to relieve prolonged strain where there is chronic or serious illness on the part of one member of the family.

A Central Care Council, which receives a grant of £1,600 per annum from the local authority, has been established and comprises two sub-committees—(1) Tuberculosis care, and (2) General care. The General Care Committee consists of representatives of the main voluntary organisations in the borough, for example, W.V.S., Regimental Associations, B.L.E.S.M.A., British Red Cross Society, etc. In this way there is co-ordination of the charitable associations in the borough and thus overlapping and over-visiting is reduced to a minimum. The almoner is case secretary to the General Care Committee and it is normally through her that needy patients are found and assisted.

The almoner's knowledge of facilities and services produce such results as mothers and children being sent to a recuperative centre whilst the discriminating use of such funds as National Society for Cancer Relief, Regimental Benevolent Funds, etc., has helped to bring extra comforts to the homes of sick people whose economic position is low as a result of prolonged illness.

The almoner has been able to undertake a certain amount of teaching of student nurses in that she has taken them on the wards with her and into the patients' homes to enable the nurses to see the social background of the patients under their care. In this way student nurses have observed the almoners' work and aims and are better able to see the patient as a person and in relation to his home background. Unfortunately, the work has had to be relinquished as one almoner cannot undertake this and other more pressing work. Propaganda talks to various associations has helped to spread information about the almoner service and it is hoped may occasionally result in finding recruits. The following gives some indication of the volume of the work, but these figures cannot express the value thereof.

YEAR	NEW PATIENTS	HOME VISITS	HEALTH DEPT. INTERVIEWS	HOSPITAL INTERVIEWS	OLD PATIENTS
1949	688	294	250	1,065	—
1950	1,463	660	555	3,008	1,221
1951	1,156	422	602	2,853	2,505
1952	703	760	592	745	1,145

During 1952 it was necessary for steps to be taken to reduce the pressure of work on the almoner and therefore hospital visits were drastically cut, thus reducing the number of new patients seen by the almoner (703 in 1952 as compared with 1,156 in 1951), and less assiduous keeping in touch with people by follow-up visits and interviews. This, whilst relieving strain on the part of the one almoner, does however mean that the standard of work is unavoidably lowered and the cessation of follow-through casework may mean that complete medico-social rehabilitation is not achieved.

On the other hand almost twice as many patients have been visited in their homes in 1952 as compared with 1951. One unfortunate aspect of this fact, from the almoner's point of view, is that whereas people seen first on the wards could often be helped immediately with their problems, it frequently now happens that patients are not seen until after discharge so that often the period of anxiety has been unnecessarily prolonged.

It has been impossible to obtain a qualified almoner, and it has been decided to employ a person with experience in social work to train for almoner duties.

Domestic Help.

Since 1948 this service has steadily increased each year both in the number of cases dealt with and in the number of home helps employed, also in the organisation and administration. This service now cares for an average of 145 cases weekly compared with 85 in 1949; these include elderly, infirm, chronic sick, acute sick, blind, maternity, tuberculosis and emergency cases occurring in the home. Help is provided from as little as three hours per week to a whole-time service, the full-time help being primarily for maternity cases. Many people are able to be discharged earlier from hospital due to the provision of a home help, and others are able to be treated in their own homes instead of going into hospital. The cases are referred from many quarters—doctors, almoners, nurses, health visitors, midwives, National Assistance Board and welfare organisations.

In reviewing the types of cases dealt with the following points are significant:—

(a) The number of maternity cases dealt with has shown a slight decrease each year, i.e., 194 in 1949, 192 in 1950, 150 in 1951, but in 1952 the number rose to 167. The decrease is due, no doubt, to the difference in cost of home confinement and hospital confinement under the National Health Service Act, 1946.

(b) The number of free cases during the past four years has steadily risen from 39 in 1949 to 131 by the end of 1952. Of these free cases 85 per cent. were chronic sick, aged and infirm, i.e. old age pensioners. The service is, therefore, enabling many aged persons to live in their own homes who would otherwise be unable to do so, and with regard to the chronic sick, relieving hospital accommodation. On the other hand the ever increasing number of these cases is becoming a real problem to the service.

Now that the service has become established it is becoming increasingly evident that it is giving great assistance in the keeping together of family life, such as the provision of a home help to the mothers of large families of young children in order to prevent a breakdown in health or where the mother has to undergo a long period of treatment in hospital. Occasionally, in the case of sudden death, a temporary home help has been provided until more permanent arrangements for the care of the family can be made.

The number of home helps employed has increased from 15 full-time and 28 part-time in 1949, to 10 full-time and 51 part-time by the end of 1952. During this period, it has become evident that it is only necessary to have a small number of full-time home helps available, primarily for maternity and emergency cases, and a large number of part-time home helps to cover the ever increasing cases requiring a short period of help weekly. No training of home helps has been undertaken so far, but it is hoped during the coming year to arrange a series of lectures relating to the various aspects of home help work.

This service has been extended to include a night "sitters-up service." Help is provided in households where illness is necessitating someone being in attendance during the night. At the moment it is only possible for help to be provided two nights weekly owing to limited staff. The number of cases undertaken until now has been small, but most important is the fact that the service is available if required.

Number of domestic helps employed at 31st December, 1952.

(a) Full-time 10	(b) Part-time 51
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Number of cases where domestic help was provided during the year

Maternity (including expectant mothers)	167
Tuberculous	3
Others (not including T.B. cases) ..	250*
Total	420

*Including sitters-up cases .. 6

Health Education.

The local health authority subscribes to the Central Council for Health Education, and full use is made of the posters, pamphlets, leaflets and other publicity material available from them.

Sets of posters are displayed regularly on five ex-E.M.B. frames sited in different parts of the town. The frames afford a favourable means of attracting the attention of the public to pronouncements of public health importance.

A transportable stand introduced by the Central Council for indoor display is shown at a number of pre-selected premises in the borough as a permanent feature of health education, and the topics are changed at regular intervals:

Through the good offices of the editor a panel in the local evening newspaper has been placed at the disposal of the health department in which contributions of general interest appear every 3 weeks under the title of Your Health Service.

The journal Better Health is distributed each month through the authority's welfare centres and clinics.

Health education talks were given by officers of the department to a number of local organisations, viz:—

	TALKS TO ADULTS	APPROXIMATE ATTENDANCE.
3.1.52	Mill Road Church Christian Service Group ..	30
28.5.52	Old Clee Townswomen's Guild, Civics Group ..	25
3.6.52	Association of Parents of Backward Children ..	40
2.7.52	The Vigilantes Townswomen's Guild	20
19.8.52	Women's Co-operative Guild, Yarborough Branch	30
30.9.52	Grimsby Cancer Fund Committee	10
6.11.52	St. Michael's Church Young Wives	20

As one of its free services the Central Council arranged a series of courses in health education, and a panel of lecturers came to Grimsby early in 1952 when the following meetings were held:

(a) A one day course for medical officers, health visitors, district nurses, etc., on "Possibilities in Health Education" with Dr. John Burton, medical adviser to the Central Council, as lecturer. The theme of the morning session was Education in After-Care and in the afternoon the subject was Teaching Techniques, followed by discussion.

(b) An evening meeting for youth clubs on "Making the Most of Yourself" arranged in conjunction with the Director of Education, with Mrs. Graham-Stone as lecturer. A film "As others see us" was shown.

(c) A one-day course for house mothers, foster parents, day nursery staff, wardens of residential homes and other interested persons on "Learning at Mother's Knee" was arranged in conjunction with the Children's Officer. Morning and afternoon sessions were addressed by Mrs. K. M. Catlin, B.A., Lecturer in Psychology, University of London, followed by discussion and a film showing.

(d) An evening meeting for sanitary inspectors on "How to Spread the Knowledge of Food Hygiene" (a practical demonstration in teaching the public), the lecturer being Mr. G. W. Grosse, Exhibitions Officer of the Central Council. The film "A good housewife in her kitchen" was shown.

CANCER EDUCATION.—With the support and patronage of the Mayor-ess a meeting of representatives of 18 women's organisations was held in March, 1952, and it was then decided that cancer education lectures should be given to women's organisations throughout the town.

The support of the local medical committee and of the Health Committee was obtained, and as a result 16 lectures were given by medical practitioners during the ensuing nine months. These meetings were well attended the numbers varying from 20 to 150 and the questions asked in discussion have proved the value of giving such educational lectures.

The inaugural meeting of the cancer campaign was addressed by Dr. Malcolm Donaldson who has devoted himself to work in cancer education, and a further lecture was given by him to the largest women's club in the area.

ACCIDENTS IN THE HOME.—Every effort is made by health visitors to teach mothers how to prevent accidents in the home, and posters received monthly from the Royal Society for the Prevention of Accidents are displayed in clinics. In addition, class teaching is done at clinics with the aid of demonstrations and film strips, and booklets on the prevention of accidents are distributed.

Mental Health.

(i) ADMINISTRATION.

(a) The Mental Health Sub-Committee consists of 16 members, 5 of whom are co-opted.

The mental health officer is responsible to the medical officer of health for the activities of the department.

(b) The mental health officer and the two women mental health workers have social science diplomas, the former being responsible for the psychiatric social work of the clinic at the local hospital. The supervisor of the occupation centre is a qualified officer and the two male duly authorised officers were originally relieving officers who have taken courses arranged for such officers at the Sheffield University.

(c) The four psychiatrists from the mental hospital attend the Grimsby General Hospital fortnightly, two at each clinic on alternate weeks and are available to the staff of the mental health service to advise on any difficulties which may arise. In addition, a fortnightly case conference is held in the afternoon at the mental health office by the psychiatrist who has attended the morning clinic at the Grimsby General Hospital. The psychiatrists are also available on these days for domiciliary visits in cases of special difficulty and some patients are seen at the

office by the psychiatrists in company with the mental health workers. Aftercare for all patients leaving the mental hospital is provided by the mental health staff under the direction of the psychiatrists. The mental health workers assist in the same way with all patients coming home on licence or holiday leave from mental deficiency institutions. A review of home conditions is provided whenever this is required by the institutions and reports are furnished at the appropriate intervals. A number of patients on licence from institutions attend the girls' club held in the town by the junior mental health workers.

(d) There is no voluntary association for mental health in this borough. There is, however, a very active group of the National Association of the Parents of Backward Children which has been instrumental in securing the opening of new centres in the county area, and the mental health staff of the borough co-operate fully with the group, joining in their efforts and social meetings, addressing them when requested to do so and whenever outings such as Christmas parties or summer picnics are arranged some members of the mental health staff go along to assist.

(e) Officers are sent to appropriate courses as opportunity arises and visits are arranged to all other sections of the health service, including maternity and child welfare, sanitary inspection, port health and school medical service, together with child guidance, children's homes and hospitals.

Junior staff at the occupation centre are trained by experience and opportunities offered to each member to take further courses if they wish. The response to these proffered opportunities has so far been rather disappointing mainly it is felt for geographical reasons as the centres of training are at such a distance from Grimsby.

(ii) ACCOUNT OF WORK UNDERTAKEN IN THE COMMUNITY

(a) Section 28, National Health Service Act, 1946:—

Under Section 28 of the National Health Service Act, 1946, all patients referred by other organisations such as the police, welfare services, the N.S.P.C.C. officer, the probation officers and particularly by the family doctors are visited and where there appears to be any need for this attempts are made to secure psychiatric treatment at the earliest possible moment. Regular visits are arranged to patients suffering from mental illness in the same way as the supervisory visits on behalf of mental defectives.

All patients leaving the mental hospitals are visited by the mental health workers as often as individual cases seem to require and where necessary arrangements are made with the officers of the National Assistance Board for financial help to be provided. The fullest possible co-operation with the Ministry of Labour is maintained at all stages of the patient's re-settlement in the community.

(b) Lunacy and Mental Treatment Acts, 1890-1930:—

The mental health officers share the duties of duly authorised officers at all stages, visiting the patients in their homes, accompanying the patients to hospital and visiting them on their return. Steadfast efforts are made to keep continuity of contact with each patient and as far as is possible the same officer deals with him at all times unless a change would seem to be beneficial to the patient. This particular effort would seem to be well re-paid by a more personal relationship between the officer and the patient, who thereby shows a readiness to visit the officer on occasions when help is needed.

A few cases for whom immediate action under the Lunacy Act may be necessary are referred to the duly authorised officers at any hour. The officers visit and where necessary arrange admission to the hospital immediately for observation or treatment. The admission of women voluntary patients is still impossible owing to the shortage of beds and this restriction is a very serious handicap to the service. Many patients particularly those who have been greatly helped by hospital treatment, of their own accord tend to seek a further course of treatment when necessary and suffer much distress on learning it is impossible to admit them.

The following cases have been admitted to Bracebridge Heath Hospital during the year:—

					MALES	FEMALES	TOTAL
Voluntary	..	..	..	..	21	1	22
Temporary	..	..	..	..	1	—	1
Certified	..	..	..	..	14	27	41
Section 20 (Scartho Road Infirmary)					10	15	25
Section 20 (Bracebridge)	..	..			8	13	21
Section 21	..	..	..	..	2	2	4
					<hr/> 56	<hr/> 58	<hr/> 114

The cases have been dealt with by the duly authorised officers as follows:—

Mr. Rackham 33 plus 81 calls with no action taken under Lunacy Acts.
 Mr. Mackenzie 33 plus 93 calls with no action taken under Lunacy Acts.
 Miss Would 35 plus 71 calls with no action taken under Lunacy Acts.

In addition 12 voluntary patients were admitted to Bracebridge Heath Hospital by sources other than our duly authorised officers.

The services of the borough ambulance were required on 82 occasions.

(c) Mental Deficiency Acts, 1913—1938:—

(i) Mental defectives are chiefly referred from the Education Department, Health Department and medical practitioners. When the earlier part of the ascertainment form has been completed arrangements are made by the mental health staff for the completion of the medical section and additional knowledge of homes where already there is some element of mental instability or defectiveness can then be added. Visitation of

all statutory supervision cases and a number of after-care visits on behalf of sub-normal children leaving school is carried out by the mental health staff.

(ii) There is an extensive guardianship scheme in the borough and all patients are visited at the statutory interval. Only one new patient was placed under guardianship during the year and employment was found for another. The local authority transferred financial responsibility to the National Assistance Board on behalf of a large number of guardianship cases.

There were 296 patients under statutory supervision at the end of the year, five male and three female patients were admitted to institutions during the year and one to Rampton. A survey of the number of defectives in urgent need of institutional care provided a list of 21 patients whose need was acute and a further 19 whose need was not so imperative were awaiting admission. Officers of the Ministry of Labour, and particularly of the disablement section, continued to give us every help throughout the year, employment being found for 12 patients.

Licence was granted to 7 patients.

I. Particulars of mental defectives as on 1st January, 1953.

N.B. No case should be entered under more than one heading of (1) or (2) and only "live" cases should be included.

- (1) Number of Ascertained Mental Defectives found to be "Subject to be dealt with":—

		M.	F.	T.
(a)	In Institutions (Under 16 years of age)	13	7	20
	(including cases (Aged 16 years & over) on licence).	90	88	178
(b)	Under Guardianship (Under 16 years of age)	—	1	1
	(including cases (Aged 16 years & over) on licence)	12	24	36
(c)	In "places of safety"	3	3	6
(d)	Under Statutory Supervision			
	(excluding cases (Under 16 years of age)	33	26	59
	on licence) (Aged 16 years & over)	115	122	237
(e)	Action not yet taken under any one of the above headings	—	2	2
	Total ascertained cases found to be "subject to be dealt with"	266	273	539

No. of cases awaiting removal	M.	F.	T.
to an Institution	19	21	40

(2) Number of mental defectives not at present "Subject to be dealt with" but over whom some form of voluntary supervision is maintained	M.	F.	T.
	24	31	55
Total number of mental defectives (1) plus (2)	290	304	594
<hr/>			
(3) Number of mental defectives receiving training :—			
In day training (Under 16 years of age)	18	11	29
centres .. (Aged 16 years & over)	10	7	17
Total ..	28	18	46
<hr/>			

II. *Particulars of cases reported during the year 1952.*

(1) Ascertainment.			
(a) Cases reported by Local Education Authorities (Sec. 57, Ed. Act, 1944):—			
(i) Under Sec. 57(3)	7	3	10
(ii) Under Sec. 57(5)	—	—	—
On leaving special schools	3	—	3
On leaving ordinary schools	10	8	18
(b) Other ascertained defectives reported during 1952 and found "subject to be dealt with"	1	—	1
Total ascertained defectives found to be "subject to be dealt with" during year ..	21	11	32
(c) Other reported cases ascertained during 1952 who are not at present "subject to be dealt with"	—	2	2
Total number of cases reported during the year	21	13	34
<hr/>			

(2) Disposal of cases reported during the year.

(a) Ascertained defectives found to be "subject to be dealt with":—	M.	F.	T.
(i) Admitted to institutions			
(Under 16 years of age)	—	1	1
(Aged 16 years & over)	1	—	1
(ii) Placed under guardianship	—	—	—
(iii) Taken to "places of safety"	—	—	—
(iv) Placed under statutory supervision ..	20	10	30
(v) Action unnecessary	1	1	2
Total ascertained defectives found to be "subject to be dealt with"	22	12	34
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III. Number of mental defectives in institutions under community care including voluntary supervision or in "Places of Safety" on 1st January, 1952, who have ceased to be under any of these forms of care in 1952.

(a) Ceased to be under care	..	..	8	6	14
(b) Died, removed from area, or lost sight of			7	4	11
Total	..	..	15	10	25

IV. Of the total number of mental defectives known to the local authority

(a) Number who have given birth to children during 1952:—

While unmarried	4
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(b) Number who have married during 1952	..	1
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GIRLS' CLUB.—The Girls' Club, in addition to licence and guardianship patients, now has several girls attending who are under statutory supervision and the club is run by the two younger social workers. Several of the girls attending come to the club on leaving their work and the usual club activities of singing, handwork, country dancing and table tennis are the regular feature. Recent popular additions to the programme have been old time and square dances. Occasional cookery demonstrations have been given by the occupation centre cook. As in previous years, the summer outing and Christmas Party have been very successful and were keenly anticipated several months beforehand. The club is valued by its members largely because there is no other social activity which they can enjoy with their equals. A result of this has been greater confidence and stability in several cases.

(iii) There are now 46 patients attending the occupation centre including 3 part-time attenders and 5 patients from Cleethorpes and 1 part-timer from Alford. The woodwork class which is supervised by one of the duly authorised officers continues to make progress and the work produced by the older boys is sometimes of a surprisingly high standard. There is also a junior class under the supervision of one of the permanent staff at the centre which caters for the older boys who are less capable as well as some juniors. A small play was performed by the children at the Christmas Party and this appeared to give considerable pleasure to the parents. It is hoped next year to hold an Open Day during the year.

Plans for a new and larger occupation centre have been approved and it is hoped to start building within the next few months. When the new centre is built a number of outdoor activities of a more ambitious nature will be included in the scheme.

MISCELLANY.

Blind Persons.—At the end of the year the number of blind persons in the borough was 191 (males 96 and females 95). During the year the ophthalmic surgeons made 42 examinations as a result of which 29 persons were certified as blind and 9 as partially sighted within the meaning of the National Assistance Act, 1948.

Blood Donors.—Facilities are offered to the Sheffield Regional Transfusion Team to hold taking sessions at the local authority's clinics. Six such sessions were held at Watkin Street Clinic and 128 new donors were enrolled.

Laboratory Facilities.—The examination of specimens is carried out in the laboratory at the Grimsby General Hospital. A total of 1,626 specimens were sent by the health department for examination during the year.

V.—GENERAL PROVISION OF HEALTH SERVICES.

Clinics and Treatment Centres.—The Clinics and treatment centres provided by the local authority and the education authority in the Borough are as follows :—

MATERNITY AND CHILD WELFARE.

Infant Welfare Centres.

Second Avenue, Nunsthorpe	Monday	..	..	2 p.m.
do. do.	Thursday	..	..	9-30 a.m.
Hope Street (Tel. 4012)	Tues. and Thurs.	..	..	2 p.m.
Watkin Street (Tel. 4564)	Tues. and Thurs.	..	..	2 p.m.
Old Clee	Friday	..	..	2 p.m.

Ante Natal Clinics.

Second Avenue, Nunsthorpe	Monday	..	..	9-30 a.m.
Hope Street	Monday	..	..	2 p.m.
do.	Friday	..	..	2 p.m.
Watkin Street	Monday	..	..	9-30 a.m.
do.	Wednesday	..	..	2 p.m.

Post Natal Clinics.

Second Avenue, Nunsthorpe	Monday	..	..	9-30 a.m.
Watkin Street	Tuesday	..	..	9-30 a.m.
Hope Street	Thursday	..	..	9-30 a.m.

Toddlers' Clinics.

Hope Street	Tuesday	..	..	9-30 a.m.
Second Avenue, Nunsthorpe	Wednesday	..	..	2 p.m.
Watkin Street	Friday	9-30 a.m.

Dental Clinic.

Hope Street	Every afternoon (except Saturday)
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Diphtheria Immunisation Clinics.

Second Avenue, Nunsthorpe	Second Monday in each month	2 p.m.
Watkin Street	First Monday in each month	2 p.m.
Hope Street	Wednesday	2 p.m.

Vaccination Clinics.

Second Avenue, Nunsthorpe	Second Monday in each month	2 p.m.
Watkin Street	First Monday in each month	2 p.m.
Hope Street	First Wednesday in each month	2 p.m.

SCHOOL MEDICAL SERVICE.

School Clinic.

(Tel. No. 4867)

Municipal Hall, Burgess Street	Daily (except Saturday)	9 a.m.
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Eye Clinic.

Municipal Hall, Burgess Street	Tuesday (by appointment)	2 p.m.
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Special Investigation Clinic.

Municipal Hall, Burgess Street	Friday	2 p.m.
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Ophthalmological Clinic.

Municipal Hall, Burgess Street	Thursday (fortnightly)	2 p.m.
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Rheumatic and Heart Clinic.

Municipal Hall, Burgess Street	Monday (monthly) ..	2 p.m.
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Dental Clinic.

Hope Street	Daily	9 a.m.
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CARE OF MOTHERS AND YOUNG CHILDREN (Section 22)

The particulars of the arrangements made for expectant and nursing mothers and children under school age are included in the survey, and this report will be mainly concerned with statistics.

Notification of births.—

	1952	1951
Notified births		
Live births ..	1,584	1,639
Still births ..	42	40

Adjusted by inward and outward transfers.

Live births ..	1,639	1,751
Still births ..	43	41

Prematurity.—From the statistical table it will be seen that the number of premature births continued to be high, the majority occurring in hospital. Of the 41 infants born prematurely at home or in private nursing homes, five were transferred to hospital. Only three of the 34 nursed entirely at home died before they reached the age of one month.

There is a diminution in the number of premature births, namely, from 144 in 1951 to 98 in 1952. What is even more striking this year is the fact that of 62 premature infants cared for in hospital only 7 died within 28 days whereas in 1951, of 103 cases nursed in hospital 26 died within 28 days. In other words 88.7% of the total cases in hospital survived in 1952 as compared with 75% in 1951. It would appear therefore that the response to special nursing is improving although the incidence of premature birth is still much too high.

Premature births at home						
Still births	Nursed entirely at home				Transferred to hospital	
	Died 24 hours	Died 2nd-7th day	Died 8th-28th day	Survived 28 days		
1	—	—	—	—	—	2 lb. 3 oz. or less
1	—	—	—	—	1	Over 2 lb. 3 oz. up to & incl. 3 lb. 4 oz.
1	—	—	—	1	2	Over 3 lb. 4 oz. up to & inc. 4 lb. 6 oz.
1	—	1	—	7	—	Over 4 lb. 6 oz. up to & inc. 4 lb. 15 oz
—	—	2	—	23	2	Over 4 lb. 15 oz. up to & inc. 5 lb. 8 oz.
4	—	3	—	31	5	

As in 1951, so in 1952 every effort was made to obtain the weight of the foetus in each case of miscarriage and abortion without success.

Still births.—Routine enquiries were made as usual in the cases of stillbirth and it was found that 41.8% were associated with premature labour, the length of gestation varying from 28 to 38 weeks.

Other conditions associated with premature labour were:—

ante-partum haemorrhage

toxaemia of pregnancy

congenital defects—anecephaly, hydrocephalus and meningocele

Rhesus incompatibility

dystocia

anoxia due to strangulation by cord

pulmonary tuberculosis (maternal)

Of the stillbirths occurring at term the known causes were:—

congenital defects	..	..	..	..	..	5
Rhesus incompatibility	..	..	..	..	..	4
ante-partum haemorrhage and toxaemia of pregnancy	..	..	..	..	..	1
toxaemia of pregnancy	..	..	..	..	..	1
dystocia	..	..	..	..	..	4
precipitate labour	..	..	..	..	..	1
atelectasis	..	..	..	..	..	1
lack of attention at birth	..	..	..	..	..	1

There is no doubt that much yet remains to be done ante-natally in order to prevent some of these casualties.

Infant Welfare Centres.—The slight falling away in attendances noticeable in 1951 has continued. The total attendances in 1952 of children under one year was 15,855 as compared with 16,535 in 1951; children over one year 2,713 in 1952 as compared with 2,804 in 1951.

The downward trend in the number of cases attending infant welfare centres may have been aggravated by changes of staff and lack of continuity in supervision. Despite this, however, the educational side has progressed and more use has been made of facilities available. It is unfortunate that those mothers most in need of tuition do not attend for the purpose of tuition.

The usual difficulties experienced in maintaining breast feeding have been found—unnecessary weaning within 24 hours of discharge from maternity hospital owing to lack of experience in managing a new baby without resident trained help. On the whole the present day young mother only believes a baby is being adequately fed when she can see the milk in the feeding bottle. The maintenance of breast feeding is better in cases confined in their own home, the confidence of the mother in breast feeding having been built up during the ante-natal period. Although 180 emergency test feeds were done at infant welfare centres, better results have been obtained by the loan of scales for test feeding to be carried out over a period of days in the patient's own home. Arrangements exist for the conveyance of scales to and from the patient's home and have been taken advantage of in 17 cases since the scheme started in September. That means intensive follow up by health visitors, but is welcomed by the health visitors for the results obtained in establishment of lactation and co-operation by mothers.

Mothercraft.—There has been excellent work done at the mothercraft classes at all the clinics, although the services are not used as much as they might be. All the ante-natal clinics have a special class to which both doctors' booked cases and midwives' cases are invited. The results are particularly good in the case of primiparous women who on the whole are eager to learn (a) how to look after their health ante-natally, (b) how to prepare for childbirth, and (c) how to look after the baby when it is born. Exercises on relaxation are learned with avidity and it is interesting to go to a class and see how well some of those young expectant mothers relax, even on a hard floor only covered by blankets. During the year there were 426 attendances at the various classes.

Toddlers' clinics.—1447 attendances were made by 470 children, 124 of whom attended clinic for the first time. Defects discovered were referred for treatment, either to a general practitioner or to hospital Children suffering from behaviour problems were referred to the child guidance clinic and those suffering from speech defects to the speech therapist.

Ante-natal clinics.			<i>New Cases</i>	<i>Attendances</i>
1950	..	..	490	2,614
1951	..	..	474	2,280
1952	..	..	640	2,007

From the above figures it will be seen that the number of new cases increased considerably although there was a drop in the total number of attendances. The increased number of new cases is due to the fact that many of the general practitioners send their booked cases to the clinics for blood to be taken for ascertainment of Rhesus factor, group, haemoglobin and W.R. and for arrangements to be made for X-ray of chest.

Although the supervision of general practitioners' booked cases is done by the general practitioner, the attendance of these cases for such tests to be done enables us to attract mothers to the mothercraft classes.

Post-natal clinics.—Only 162 new cases attended and the total attendances were 190. Although the midwives attended 522 cases as midwives, only 31% of these cases were examined post-natally. It may be that the newly delivered mother feels so well that she considers the time spent on going for examination needless, or that she is too busy to make the effort to attend, but there is no doubt that much suffering in later years could be avoided if morbid conditions were found early and treated.

Orthopaedic cases.—20 cases were referred from maternity and child welfare centres to the orthopaedic department at the General Hospital as compared with 23 in 1951.

Infant mortality.—There was no improvement in the rate, which remained at 34.2.

From the following table can be seen the changing incidence in the causes of infant deaths.

	1952	1951	1950	1949	1948
Respiratory disease	20.69	13.3	21.56	30.15	23.63
Congenital defects	10.34	25.0	8.88	12.6	7.27
Atelectasis	17.24	30.0	19.6	6.3	9.09
Injury at birth	5.17	8.3	3.92	11.1	3.63
Prematurity	13.71	6.6	11.76	7.93	25.45
Enteritis	5.17	8.3	9.8	6.3	10.9
Rhesus incompatibility	3.44	5.0	1.96	3.17	3.63

Of the ten deaths attributed to atelectasis seven were associated with extreme prematurity, the weights of the infants varying between 1 lb. 10 ozs. to 4 lb. 8 ozs. None of these infants survived more than a few days despite every care including hospital treatment. In addition to these, two other premature infants died from respiratory infection so that a total of 17 infants born prematurely lacked the vitality to survive.

One alarming factor of the infant deaths during 1952 is the fact that four infants died from asphyxia due to inhalation of vomit and one from asphyxia due to external respiratory obstruction whilst sleeping in his basket. In only two of these cases was there found any other morbid condition likely to have caused the increased tendency to vomit.

Neo-natal mortality.—There was a very slight drop in the neo-natal mortality rate, viz. 20.08 in 1952 as compared with 22.2 in 1951,

but again as in previous years more than half of the total infant deaths occurred within the first month.

The chief causes of death were:—

atelectasis	..	..	..	10
prematurity	..	..	..	8
congenital defects	..	..	..	5
icterus	..	..	..	2
injury at birth	..	..	..	3

Intensive ante-natal care is urgently needed to effect some diminution in deaths within the first month. Although there is a hard core of unavoidable deaths the number so involved is small.

Maternal mortality.—1952 was a black year for there were three maternal deaths after two successive years without any maternal death.

All these deaths were due to toxæmia of pregnancy. Full ante-natal supervision was carried out at the ante-natal clinic attached to the maternity hospital and all treatment given in hospital over a varying period of $1\frac{1}{2}$ to 38 days. One woman died undelivered, period of gestation 35 weeks. In only one case had there been any attempt to book general practitioner or midwife, but signs of toxæmia were found soon after the original booking and the case was therefore referred to hospital, where she died after lengthy hospitalisation.

Ophthalmia Neonatorum.—Only 13 cases were notified during the year and in no case was there any impairment of vision.

Pemphigus Neonatorum.—There was no case during 1952.

Ophthalmic treatment.—43 cases were referred from maternity and child welfare clinics and received treatment for squints and stenosed tear ducts.

Rubella complicating pregnancy.—In only one case had Rubella occurred in the early months of pregnancy, and the pregnancy ended by abortion.

MIDWIFERY (Section 23.)

The superintendent midwife left the employ of the authority on the 30th September, 1952, and with the approval of the Ministry of Health a combined post was created whereby the superintendent midwife was also superintendent of home nursing, and Miss F. Engledow took over this combined post on 1st November, 1952. This promoted closer liaison between midwives and home nurses.

Miss C. E. Cartwright joined the staff as a municipal midwife on 31st January, 1952.

There were 692 domiciliary confinements, 670 by municipal midwives and 22 by independent midwives. In 32% of these cases the midwives acted as maternity nurses.

*Domiciliary midwives
employed directly by local
health authority*

Number of domiciliary midwives practising in the area at the end of the year qualified to administer gas and air analgesia	11
No of sets of apparatus for the administration of gas and air	12
No of cases in which gas and air administered as	
as a midwife	376
as a maternity nurse	96
No. of cases in which pethidine was administered	
as a midwife	227.
as a maternity nurse	64

From the statistical table will be seen that 70.4% of the total cases delivered on the district by midwives, either as midwives or maternity nurses were given gas and air analgesia, and 43.4% of the total cases had pethidine administered.

One still meets women at ante-natal clinics who refuse to have a certificate for fitness for gas and air to be administered as they state that they do not like it, have had it before without any appreciable relief from pain, or are afraid of it. In many instances, however, the expectant mother does not summon her midwife until she is so advanced in labour that there is no time for this relief to be given.

Of the total notified live and still births delivered in the area 42.5% were conducted by domiciliary midwives. This remains a high figure in comparison with other towns where the vast majority of pregnant women demand hospitalisation. It would be impossible for Part II training of midwives to be carried out locally if the provision of hospital beds was higher, as district training for pupil midwives would not be practicable owing to lack of material.

During the year municipal midwives made 5263 ante-natal visits, 476 special visits and did 12,606² nursings.

Part II district training of pupil midwives. Ten students received full or part training during 1952. 7 passed their Central Midwives Board examination successfully during the year.

Puerperal Pyrexia. There were 29 notified cases during 1952, 11 of these on the district

HEALTH VISITING (Section 24).

The superintendent health visitor resigned on 30th September and was replaced by Miss M. Kelly on 27th October. Miss K. Corr completed her training at Oxford and commenced duty in Grimsby on 21st April. Two further trainees commenced their training at Oxford on the 19th September.

The health visitors made a total of 31,915 visits as compared with 31,740 in 1951.

There is very close liaison between health visitors and staff of other services, and the Parents' Club promoted by the health visitors was supported by members of the Home Nursing and midwifery services. This new venture has proved so successful as to encourage the idea of establishing similar clubs at the other maternity and child welfare centres. There were 185 attendances at the Parents' Club.

DENTAL TREATMENT.

Numbers provided with dental care :—

	Examined.	Needing treatment.	Treated.	Made dentally fit.
Expectant and Nursing Mothers	132	132	132	92
Children under five	262	248	248	187

Forms of dental treatment provided :—

	Extractions	Anaesthetics		Fillings	Scalings or Scaling and Gum treatment	Silver Nitrate treatment	Dressings	Radio-graphs	Dentures provided	
		Local	General						Complete	Partial
Expectant and nursing mothers	746	93	87	40	52	..	12	1	19	31
Children under five	379	..	193	22	2	17	7	1	..	..

VI.—SANITARY CIRCUMSTANCES.

Mr. Harold Parkinson, Chief Sanitary Inspector, has compiled this section of the report.

Water Supply.—Regular examination of the town's supply indicated its continued purity, both bacteriologically and chemically. A watch was kept on any possible increase in its saline content and this had not increased during the year.

The supply provided by a joint undertaking of three local authorities the Grimsby, Cleethorpes and District Water Board, was adequate for all purposes throughout the Borough.

There was little change in the number of houses without separate and internal water supply. This lack can be tackled thoroughly when the time comes for major schemes of re-conditioning of house property to be undertaken.

Specimen reports are as follows:—

*Report by pathologist on bacteriological examination of town's
water taken on 29.12.1952.*

Central Pathological Laboratory,
Grimsby General Hospital, Grimsby.

<i>Sample S.W. Laboratory Ref. No. 26512.</i>	29.12.1952.
Plate count 3 days at 22°C. aerobically	.. 2 per m.l.
Plate count 2 days at 37°C. aerobically	.. 8 per m.l.
Coliform bacilla absent from 100 m.l.	
Cl. welchii absent from 50 m.l.	

1.1.1953. (signed) F. HAMPSON, Pathologist.

Report by Public Analyst.

67 Surrey Street,
SHEFFIELD, 1.

Physical Characters.

Suspended matter	.. .. .	None
Appearance of a column 2 ft. long	.. .. .	Clear; colourless.
Taste	.. .. .	Normal
Odour	.. .. .	None

<i>Chemical Examination.</i>						<i>Parts per million.</i>
Total solids dried at 180° C.	..	..	..	..	..	340.0
Chlorides in terms of chlorine	..	..	..	..	..	20.0
Equivalent to sodium chloride	..	..	..	..	..	36.3
Nitrites	..	..	..	..	..	none
Nitrates as nitrogen	..	..	..	..	..	3.50
Poisonous metals (Lead etc.)	..	..	..	..	..	none
Total hardness	..	..	..	..	..	264.0
Temporary hardness	..	..	..	..	..	219.0
Permanent hardness	..	..	..	..	..	45.0
Oxygen absorbed in 4 hours at 80° F.	..	..	..	..	..	0.25
Ammoniacal Nitrogen	..	..	..	..	..	0.008
Albuminoid Nitrogen	..	..	..	..	..	0.024
Free Chlorine	..	..	..	..	..	none
Fluorine as F	..	..	..	..	..	0.10
pH value	..	..	..	..	..	7.4

Remarks:—satisfactory.

(Signed) For John Evans (A. H. Allen & Partners).

31.12.1952.

HUGH CHILDS.

Sewerage and Drainage.—Considerable progress was made in the work in connection with the extensions of the Riby Street Pumping Station.

Preliminary work on the site was commenced in the autumn at Pyewipe for the construction of the new pumping station designed to prevent flooding in the Haycroft drain area.

It is gratifying to report that during the year flooding in the Borough did not occur.

A road in one of the outlying parts of the Borough was sewered and it was possible to connect the house drainage systems to this new sewer and abolish the cesspools which had been a source of trouble for some time.

Rivers and Streams.—The main stream in the Borough is the River Freshney which is under the control of the Lincolnshire River Board. On the out skirts of the town are many open dykes.

Closet Accommodation.—The vast majority of the houses in the Borough have water closets with drainage connected to the public sewers. It will not be possible to convert the comparatively few pail closets in the outlying wards of the Borough until the districts are provided with public sewers.

Public Cleansing.—During the year four tips were used to receive the town's refuse which amounted to 30,874 tons. The Humberstone tip was closed in May and the Spring Bank tip was started in the same month.

The large pond in the Weelsby Woods was filled in with refuse and tipping continued on the Stortford Street allotment site.

Contents of pail closets were used on agricultural land.

The Corporation scheme for the renewal of defective ashbins continued satisfactorily.

It is interesting to record that the Cleansing Committee placed an order for two Karrier mechanical sweeper collectors during the year. It is to be hoped that the Committee will seek the early renewal of the several obsolete refuse collection vehicles which have been in use many years.

Mr. R. C. Birch, Cleansing Superintendent, reports that the collection of house and trade refuse increased by 220 tons. 1,140 tons of waste paper were sold and 820 tons of kitchen waste was purchased by pig and poultry keepers. The sale of salvaged materials realized £14,300 17s. 6d. as against £23,514 11s. 8d. in 1951.

Sanitary Inspections.

Accumulations	236	Animals	34
Ashbins	12	Caravans	85
Complaints received and investigated ..	2812	Dirty houses and persons	238
Drain tests	170	Drainage	5608
Infectious disease enquiries	252	Factories and outworkers	383
Offensive smells	103	Lodging houses	73
Offensive trades	67	Miscellaneous matters ..	5928
Piggeries and stables ..	750	Passages and yards ..	2763
Rats and mice	602	Public conveniences ..	11
Smoke observations ..	1125	Rooms disinfected after infectious disease ..	118
Verminous premises ..	128	Water supply	74

Housing.

Houses, defects and nuisances (Public Health Act)	7666
Houses (Housing Act)	348
Overcrowding (Housing Act)	80

Notices.

Informal notices served	1563
Statutory notices served	1166
(1135 Public Health Act, 11 Housing Act, 17 Food and Drugs Act, 2 Factories Act, 1 Shops Act).	

Work in default was carried out by the Corporation at the cost of the owners in respect of 667 notices.

Defects remedied and nuisances abated included:—

Accumulations cleared ..	26	Animals etc. (nuisances abated)	1
Ashbins provided ..	10	Chimney repairs	101
Doors and frames renewed		Drains cleared	934
or repaired	205	(involving 4515 houses)	
Drain repairs	210	Drain and inspection cham-	
Eavesgutters new and re-		bers (new)	3
paired	338	Floor repairs or renewals	407
Fireplace and range repairs	352	Houses cleansed	5
Handrails provided and re-		Passages paved and repaired	58
fixed	24	Rainwater pipe repairs and	
Offensive smells abated ..	7	renewals	136
Plaster repairs	695	Stairway repairs	40
Roof repairs	560	Washboiler repairs and re-	
Sink and pipe repairs ..	45	newals	56
Wall repairs	157	Window repairs	354
Water closet repairs ..	422	Yards repaired and repaved	187
Water pipes and taps re-		Yard walls and gates re-	
paired	89	paired	2

Persons needing care and attention. National Assistance Act—Section 47.—Eight cases were referred to the Director of Welfare Services for attention; four of which had been reported by the sanitary inspectors.

To secure the removal of one person to Scartho Road Institution it was necessary to obtain a Magistrates Order at Court.

In the last month of 1952 after an unduly extended period of waiting, the Town Council opened its first hostel for aged persons which provides accommodation for 9 women at Lancaster House, Welholme Road.

It is imperative to meet the pressing needs of aged persons who need care and attention, that other premises which have been purchased by the Council and have been in preparation for such a long time should be completed without delay. During the year it was only with extreme difficulty that accommodation was found in the Scartho Road Institution.

Paving of passages.

Since the end of the war during spring and summer many passages have been re-paved and drained under the provisions of Section 56 of the Public Health Act, 1936.

Again in 1952 the programme was continued which involved considerable work in the preparation of plans, schedules and notices, the obtaining of tenders, inspection and supervision of works in progress and later apportionment of costs and service of accounts and recovery of costs.

At times serious drainage and trenching difficulties were met, particularly in areas where there were seams of running sand, often in such instances the existing drains are open jointed, broken backed and chock full of silt.

Two owners of houses appealed against notices served under Section 56 and after a lengthy hearing and an adjournment the magistrates dismissed the appeals and eventually the Corporation completed the work in default at the cost of the owners.

Keeping of Animals.

Piggeries. After much deliberation the Ministry of Local Government and Planning approved of the Town Council byelaws restricting the keeping of pigs to premises beyond 50 feet of a dwelling. These byelaws became operative on 1.10.1952, but for existing piggeries within 50 feet, a year's grace was given. After October, 1953 the keeping of pigs at 77 premises should have ceased thereby giving long awaited satisfaction to neighbours who have in some instances been complaining for several years about careless pig keeping near their homes.

Dogs. Complaints about the fouling by dogs of pavements, grass verges and the grass areas of the public parks were received from irate parents and others when clothing and footwear had been spoiled and fouled, particularly during hours of darkness.

In "built-up" areas this nuisance arises from the thoughtlessness and anti-social behaviour of some dog owners. The nuisance appeared to be on the increase. Although a byelaw is in force it was only possible to bring a mere fraction of the offending dog owners before the magistrates.

There was little evidence that control over indiscriminate defaecation was attempted by many owners—in fact the opposite appeared to be the case:—the dog was let out—anywhere would do—so long as the excreta was not piled on or near their own doorsteps or gardens.

More consideration should be shown by dog owners so that the children can play freely on the grass in the parks and all can walk on public footpaths without being disturbed and daubed by filth.

Offensive Trades.

Tripe dressers	..	..	..	..	..	4
Fish meal maker	..	..	..	..	..	1
Fat melters	..	..	..	..	..	4
Fish curers	..	..	..	..	..	36
Hide and skin dealer	..	..	..	..	..	1
Gut scraper	..	..	..	..	..	1
Rag and bone dealers	..	..	..	..	..	4

Unfortunately the Town Council did not proceed any further during 1952 with the scheme of demolishing houses in Orwell Street for the transference of the fish curing businesses from the town to this site adjoining the docks. It would appear that other development schemes evolved later, have now taken priority, although the Corporation acquired the property compulsorily for the express purpose of this project.

The houses concerned are still occupied and the Corporation have continued to repair them.

The conveyance of fish offal to the fish meal works at Pyewipe was the subject of much discussion and the adoption of new byelaws controlling this was considered, but a decision was delayed pending negotiations with the firms concerned.

There has been some improvement in the sheeting of lorries, but the use of offal bins with perforated bottoms is fundamentally unhygienic permitting foul liquid to drain on to the lorry bodies and then drip or leak on to the public thoroughfares.

What is really needed is a radical change in the design of vehicles used for this purpose.

Rat Repression.—The main event of the year was the change from the use of zinc phosphide to warfarin as the chief poison. This new poison proved to be more efficient, particularly in corn and seed warehouses, where it was always most difficult to effect one hundred per cent clearance of rats. From routine observations these warehouses have never been so free from vermin, which is most satisfactory to the firms concerned both as regards the decrease in the unnecessary loss and damage to food stuffs and packages and labour spent in repair of sacks and re-packing of meals.

Warfarin also proved to be the best poison to date in the eradication of mice.

The customary treatment of the public sewers was carried out twice in the year and as usual the worst infestations were found near the docks. In the sewers in other parts of the town the results indicate a decreasing number of infestations.

The rat catcher's poison of his dreams is one which kills instantaneously at the site of the poison so that there are no after effects from rats going back into their holes and dying in inaccessible places, and also he can be sure of how many rats have actually been killed. At present there is no exact method of estimating the precise number dealt with, although there are means by which the approximate number of the "kill" can be estimated.

Three full time rat catchers were employed and at various times help was given by the assistant disinfectors.

Eradication of Vermin.—D.D.T. sprays continued to be used with success in the disinfestation of bug and flea infested premises.

The continued reports of wood worm infestations indicated how seriously this pest damages property once it is established. Although this pest has no public health significance, spraying with D.D.T. was undertaken at the cost of the owners, by the corporation disinfectors.

During the summer there was the usual crop of reports about trouble from wasps. A cyanide preparation was used without danger and difficulty to destroy the nests and occupants.

The use of aerosol fly sprays were advocated in shops and food preparing places. This method of fly destruction needs careful application (particularly where "made-up" foods are prepared) to prevent dead flies being dropped into containers and machinery and later becoming mixed in the foods.

Cockroach infestations still remain most difficult to eliminate. By arrangement with the management of the gas works an experiment was attempted to ascertain whether there were cockroaches in the coke heaps awaiting distribution to bakehouses, as bakers allege that their infestations originated from consignments of coke. The result of the test did not reveal any evidence of cockroaches in the heaps. The results of this test should not be regarded as conclusive, as the techniques applied might be improved for some future experiment.

Atmospheric Pollution and Smoke abatement.—It is now possible to compare the soot deposit in a residential area (Bargate) with that in the centre of the town at the back of Freeman Street (near Hainton Square) which is in a district of small houses, shops and a few small industries.

Lowest weight of deposit in one month:—

Bargate	5.23 tons per square mile
Back Freeman Street	7.50 tons per square mile

Heaviest deposit in one month:—

Bargate	28.74 tons per square mile
Back Freeman Street	32.60 tons per square mile.

It would be valuable if another deposit gauge could be set up on the south western tip of the Borough boundary, i.e. in the grounds of the Springfield Hospital where the prevailing wind would pass over miles and miles of open and sparsely populated country which is free from any factories.

The monthly deposits from the three gauges would indicate what has yet to be attempted and achieved in smoke abatement in a town like Grimsby with its relatively clean air when compared with the atmospheres of the industrial areas of this country.

Considerable time and effort was given to the abatement of a grit nuisance from one of the largest factories in the Borough. After many observations and investigations into working methods it was found that the emission of grit was due to a variety of causes. One by one these defects were remedied (after many experiments) by improved methods and equipment.

The neighbouring tenants who were the sufferers, became impatient at times, at what appeared to be the very slow progress made towards preventing the fall of grit on the premises.

In another part of the town complaints were received about the emission of dense smoke from locomotive engines left standing in nearby sidings. Informal action taken through the controlling officer of British Railways resulted in the nuisance being abated.

Factories Act.—See statistical report in the appendix.

Places of Entertainment.—Routine inspections were made and minor defects remedied where necessary.

Generally the cinemas and theatre in the town were well maintained.

Following a change in ownership the Globe cinema was re-conditioned throughout and the sanitary accommodation increased.

It was not possible to extend the sanitary accommodation at the Tower cinema as the restrictions relating to the adaptation of houses for business purposes still applied.

The Town Council granted a conditional stage play licence for the New Clee Methodist Hall pending improvements to sanitary accommodation and ventilation.

Fairgrounds.—One large fair was held for a few days on private ground adjoining a newly developed residential area off Carr Lane much to the annoyance of nearby residents. The sanitary conveniences provided by the owners of the land were of a poor type, barely complying with the minimum requirements. Regular inspections were made during day and evening so that action could be taken to prevent the occurrence of serious nuisance. Attention was also given to the stalls where food was offered for sale.

Two smaller fairs organised by one man were set up for several weeks on bombed sites adjoining Cleethorpe Road. Considerable nuisance was caused to neighbours at both sites. The unpaved ground became quagmires during rainy weather. Court proceedings were taken under the Town and Country Planning Act and the showman concerned fined by the Magistrates.

Swimming Baths.—Regular inspections were made during the season and samples of the water from the Orwell Street and Eleanor Street baths were all satisfactory after bacteriological examination.

During the summer on the notification of the first cases of infantile paralysis the chlorine content of the baths was doubled and this continued for some weeks after the last case was notified.

The Orwell Street public bath is quite inadequate for the needs of a borough and seaport the size of Grimsby, but this is an old old story.

Bathing by the general public, including channel swimmers, also takes place in the Alexandra Dock and the River Head.

During the year a private bathing pool was in course of construction in the Scouts Field, Springfield Road, solely for the use of scouts. Advice was given about the methods necessary for ensuring cleanliness both of bath and water.

An attempt was made by a party of members of the R.A.F. Club to empty, recondition and cleanse the artificial lake in the club grounds at "The Abbey" for use as a private bathing pool by members of the Club. This lake was constructed of concrete some years ago during a time of slump as a means of providing employment for men who otherwise would have been out of work. It is one third of an acre in extent and

about 10 feet deep. Scores of tons of leaf mould, silt, rubbish etc. were removed by the club members and the Chief Sanitary Inspector gave advice on several problems which confronted the club committee. At the end of the year the reconditioning had not been completed.

Rag Flock and Other Filling Materials Act and Regulations.—

One set of premises was licensed for the storage of rag flock for future re-sale and six premises registered for the use of filling materials in new furniture, bedding etc.

Quite a number of small upholstery works are outside the scope of the licensing part of this Act as only repairs are undertaken.

Six samples proved satisfactory after examination as follows :—

Rag flock	..	..	..	..	..	2
Coir fibre	..	..	..	..	..	1
Jute wadding	..	..	..	..	..	1
Linters felt	..	..	..	..	..	1
Poultry feathers	..	..	..	..	..	1

The analytical work of the samples was undertaken by Mr. J. S. Nelson, The Townley Metallurgical Company, 26 Great Wilson Street, Leeds.

Shops Acts.—During cold spells in the winter months “snap” inspections were made at many shops to observe whether reasonable temperatures were being maintained. Where necessary informal notices were served, and later visits indicated that the requirements of the notices had been met.

Additional sanitary accommodation and improved washing facilities were provided at many shops following the issue of both informal and statutory notices.

Schools.—Statutory notices were served under Section 93 of the Public Health Act on the two beneficial owners regarding the dangerous and insanitary yard paving. After prolonged arguments the status of the school was determined and became a “controlled” school, when the Local Education Authority assumed responsibility for the premises; after which a scheme for remodelling the obsolete and insanitary conveniences and the repair of the play ground was prepared, and by the end of the year contracts were let for the work.

Disposal of the Dead.—Progress was made in the erection of the crematorium when building of the structure commenced in the autumn, after the first sod of the site had been cut by the pioneer of the scheme (Rev. J. F. S. Jones, M.A., a former Chairman of the Health Committee).

When completed the crematorium is expected to serve the needs of Lincolnshire.

VII.—HOUSING.

The Chief Sanitary Inspector has prepared this section of the report :—

New Houses.—472 new houses were erected in the Borough in 1952. 14 houses were demolished in 1952.

Unfit Houses.

Housing Act 1936-1949.

Town and Country Planning Act, 1947.

9 houses (74/80 Burgess Street and 1, 11, 13, 15, 17 Middle Court) were surveyed and visited by the Reconstruction Committee and approved for inclusion in an Unfitness Order, but at the end of the year the Town Council had not proceeded further in the matter.

Housing Act 1936—Section 11.

The Chief Sanitary Inspector submitted reports relating to 32 houses :— 62 Wellowgate, 52 Orwell Street, 25 & 27 Flottergate, 31 Convamore Road, 20 Freshney Steet, 1-26 Trinity Square, which were considered to be unfit for human habitation, and could not be made fit at reasonable expense. The Committee accepted the reports, interviewed the owners where necessary. The Trinity Square houses are to be demolished and undertakings not to use the premises as dwellings to be given in respect of the other houses, after the tenants have been re-housed by the Corporation.

Overcrowding.—When gross cases of overcrowding were noted, during visits to homes by health visitors and sanitary inspectors, the facts were brought to the notice of the Housing Manager.

It was not always possible to support all the pleas made by sub-tenants for re-housing because of the limited number of houses available for the relief of the most serious cases.

“Sharing” of municipal houses by two tenants continued to diminish by the periodic allocation of new houses to the sub-tenants. By the time the next Annual Report is issued this temporary expedient which enabled families living in very bad conditions to live in better, but not ideal conditions, should have passed into oblivion.

Caravans.—In two instances it was necessary to take court proceedings to enforce the provisions of the Grimsby Corporation Act.

In both cases the caravans were removed.

At times during the year a few gypsies encamped in the Borough usually in fields owned by the Corporation, and after several warnings they moved out of the Borough.

There is no camping site in the Borough apart from a boy scout's sports ground in Springfield Road where a tent is pitched occasionally during week ends.

Common Lodging Houses.—The dilapidated condition of the structure of the oldest common lodging house in the Borough was brought to the notice of the members of the Sanitary Committee. These premises are in the main Reconstruction Area of the Borough and the Committee decided to ask the Welfare Committee to consider providing a municipal lodging house ready for the lodgers who will be displaced when the old lodging house is demolished. The lodgers at this house are mostly very old men who wish to live as free from orderliness as possible consequently

serious consideration must be given by the Committee to the difficulties which will beset them when dealing with this type of lodger.

An application to open a common lodging house in Corporation Road was rejected by the Committee on the grounds that it would have affected the amenities of the neighbourhood and the general unsuitability of the premises.

The keeper of the Queen Mary Hostel (a seaman's lodging house) changed during the year.

The Salvation Army Hostel continued to meet the needs of certain members of the community.

Houses Let in Lodgings.—From inspections made for other purposes during the year it appears necessary for the Council to adopt Byelaws for the control of these premises. During the continued housing shortage many unsuitable places have been let off to families who were in desperate need of accommodation.

Housing repairs.—Most of the notices issued were served under the relevant sections of the Public Health Act for the remedy of defects.

Inspectors were confined to dealing with essential repairs. It was not possible for full detailed inspections to be undertaken for the re-conditioning as envisaged by the Housing Acts and Housing (Consolidated) Regulations.

It was necessary to take proceedings in court to secure the compliance with 8 notices. The magistrates granted the necessary Abatement Orders and costs against the owners.

Throughout the year property owners continued to plead that they were unable to effect the necessary repairs because the cost of labour and materials had risen out of all proportion to the rents they were entitled to charge under the Rent Restriction Acts.

Whilst the Housing Acts and Public Health Acts remain without amendment the local authority and its officers cannot avoid the duties so prescribed by the Acts; the increase of rents is entirely a matter for Parliament to settle.

Housing Act 1949.—Improvement Grants.—There was a steady increase in the applications for grants. All the 37 applicants were owner/occupiers, some of whom had recently acquired the property as sitting tenants. The chief improvements were the provision of hot water supply conversion of a bedroom into a bathroom, with fixed bath and wash basin. Apart from these grant-aided improvements, most applicants had already reconditioned or intended reconditioning the property far beyond the standard which had existed when they were only the tenants.

In accordance with the Council's scheme the Chief Sanitary Inspector continued to advise applicants and contractors on the improvements necessary to comply with the conditions to qualify for grants.

Loans for purchase of houses.—During the year the Town Council decided to proceed under the provisions of the Housing Act 1949 rather than the Small Dwellings Acquisition Act and 23 applications for loans were received.

The Chief Sanitary Inspector surveyed properties and reported to the Housing Committee on the condition of the houses. The Estates Manager being responsible for the valuation of the premises,.

VIII.—INSPECTION AND SUPERVISION OF FOOD.

The Chief Sanitary Inspector is responsible for this section of the work :—

Inspections.

Bakehouses	284	Dairies and milk vendors ..	859
Fish curers	167	Fish shops	97
Food preparers	200	Fried fish shops	225
Greengrocers	93	Grocers	753
Ice cream makers and vendors		Markets	457
premises	704	Meat shops and stores ..	939
Restaurants and cafes ..	115	Slaughterhouses	2,325
Other matters	222		

Milk Supply. *Registrations and Licences.*

Wholesalers of milk	5
Retail purveyors of milk	444
(including 20 with premises in Grimsby, 9 from outside the borough and 415 bottled milk vendors).	
Licensed pasteurisers of milk	4
(2 high temperature short time and 2 holder process).	
Licences to use designation Tuberculin Tested (Pasteurised) milk	3
Supplementary licences for sale of Pasteurised milk	18
Supplementary licences for sale of Tuberculin Tested (Pasteurised) milk	4
Supplementary licences for sale of Tuberculin Tested milk ..	1
Licences to produce Sterilised milk	3
Licences to sell Sterilised milk	416

Results of sampling every separate source of milk in the borough are summarised as follows:—

Tuberculin Tested Milk.—Of the 23 samples submitted for examination, 4 failed the methylene blue tests and B. Coli were found in 4 samples (2 faecal; 2 non-faecal). All the samples passed the biological tests.

Tuberculin Tested (Pasteurised) Milk.—All the 46 samples complied with the prescribed tests although non-faecal B. Coli were present in two samples. All the 45 samples submitted for biological tests were satisfactory.

Pasteurised Milk. Only one of the 65 samples failed the methylene blue test—but faecal B. Coli were found in one sample and non-faecal B. Coli in 3 samples. On the report of the Medical Officer of Health in his capacity as School Medical Officer the Education Committee terminated the contract of one firm which supplied milk to schools.

Sterilised Milk.—47 samples conformed with prescribed standards and 43 were tested for the presence of tubercle and found to be satisfactory.

Raw Milk.—Of the 79 samples examined 69 reached the bacteriological standard for tuberculin tested milk, although 21 contained *B. Coli* (17 non-faecal and 4 faecal coli). Guinea pig tests were made on 77 samples and all proved to be free from tubercle.

Meat Inspection.—The most notable event of the year was the erection of the Ministry of Food's new abattoir in Cromwell Road quite near the cattle market.

It is expected that the premises will come into use in January, 1953.

The number of animals slaughtered during the year was 24,907, a slight increase over the 1951 figures; more pigs and fewer beasts were killed. The number of cows found to be tubercular is still between 45% and 50%—an indication of what yet remains to be attempted and accomplished in the field of animal health.

Tuberculous calves. Two calves, a few weeks old, were found to be tuberculous during meat inspection duties in the slaughterhouses. In accordance with the usual custom the Ministry of Agriculture and Fisheries Veterinary Officer was notified so that the herds could be examined on the farms, which were in the neighbouring districts.

Carcases inspected and condemned.

	Cattle excluding Cows	Cows	Calves	Sheep and Lambs	Pigs
Number killed	2,783	1,556	887	15,269	4,412
Number inspected ...	2,783	1,556	887	15,269	4,412
All diseases except tuberculosis. Whole carcasses condemned. ...	2	11	10	26	10
Carcases of which some part or organ was condemned	1,107	953	11	2,201	1,183
Percentage of the number inspected affected with disease other than tuberculosis	39.85%	61.95%	2.37%	14.58%	27.04%
Tuberculosis only. Whole carcasses condemned ...	30	64	3	—	35
Carcases of which some part or organ was condemned.	534	646	—	—	1,032
Percentage of the number inspected affected with tuberculosis	20.27%	45.63%	0.34%	—	24.21%

Causes of condemnations included:—

Abscesses, actinomycosis, angioma, arthritis, atrophy, bruising, cirrhosis, cysts (various types), cysticercus bovis, decomposition, distoma, dropsy, endocarditis, emphysema, emaciation, fever, fibrosis, immaturity,

Johnes disease, mastitis, melanosis, necrosis, nephritis, parasites (various), pentastomes, pericarditis, peritonitis, pneumonia, pleurisy, pyaema, septic metritis, swine erysipelas and tumours.

Weight of meat condemned—87 tons, 7 cwts, 3 qrs, 21 lbs.

Cysticercus bovis.—There was a reduction in the number of animals found to be infested during 1952. Last year 39 cases were noted as against 11 this year. All suspected meat was submitted for histological examination and the carcasses and offals stored below 20°F. in the local cold store for 21 days. The appropriate condemnations were made after further examinations.

Central Meat Depot.—Considerable improvements to the store were effected at the Robinson Street Depot during the year. By arrangement with the local Manager of the Wholesale Meat Supply Association all meat brought into Grimsby from other areas was examined before distribution from the depot, and in consequence, it was necessary to condemn 9 cwts. 16 lbs. of diseased meat. The causes were tuberculosis, abscesses, decomposition, actinomycosis, distoma, bruising, erysipelas and fever.

Complaints were made to several local authorities about the dirty condition of meat arriving at the depot, which condition may have been caused by careless storage in cold stores, careless handling during transfer from store to vans and the depositing of meat on the dirty floors of vans. Great improvement is necessary before the handling and transport of meat and other foods can be considered satisfactory.

Horse Flesh.—Horses are not slaughtered in the Borough but horse flesh is sold at one shop, and by arrangement with the butcher, the meat is examined by a meat inspector before sale.

Stores and Shops.—Details of the various foods examined and found to be unfit were:—

16 tins fruit juice	1 packet soup powder
3755 tins fruit	44 packets sponge mixture
1477 tins meat	63 lbs. bacon
363 tins fish	16 lbs. biscuits
1 tin dried milk powder	4 lbs. black pudding
1271 tins vegetables	7 lbs. butter
12 tins pepper substitute	99 lbs. breakfast oats
1030 tins tomatoes	82 lbs. cheese
9 tins tomato juice	60 lbs. confectionery
538 tins milk	6 lbs. dried beans
48 tins Nescafe	1 lb. dessicated coconut
222 tins soup	112 lbs. dried milk powder
1 tin syrup	196 lbs. fat substitute
150 tins ham	6 lbs. flour
6 tins mustard	13 lbs. honey
75 jars fruit	25 lbs. ham
166 jars fish paste	7 lbs. jellied pork
12 jars meat paste	49 lbs. jellied veal
154 jars preserves	5 lbs. lemonade powder

42 jars pickles	21 lbs. luncheon meat
23 jars barley crystals	56 lbs. margarine substitute
9 jars beef and vegetable extract	2 lbs. margarine
1 jar cockles	348 lbs. prawns
1 jar gravy browning	22 lbs. prunes
1 jar Horlicks	105 lbs. pork trimmings
1 jar horseradish cream	10 lbs. pressed beef
13 jars lemon barley crystals	1 lb. sago.
7 jars lemonade crystals	329 sausages
2 jars soup paste	472 lbs. salted pigs heads
210 jars sandwich spread	10 lbs. semolina
42 jars salad cream	4 lbs. sugar
17 bottles orange squash	1 lb. tongue
12 bottles lemon squash	33½ lbs. tea
3 bottles coffee	13 lbs. tomatoes
22 bottles condiments	44 lbs. veal and ham
1 bottle Lucozade	48 cases vegetable baby food
3 bottles malt vinegar	261 tins vegetable baby food
6 packets almond paste	143 chocolate cakes
4 packets cake flour mixture	20 chocolate rolls
39 packets cocoa	23 chickens
3 packets custard powder	1 duck
5 packets corn flakes	48 faggots
3 packets coldset dessert	72 meat pies
36 packets curry powder	9 rabbits
210 packets dates	48 soup cubes
408 packets egg substitute	132 Swiss rolls
4 packets Quaker oats	4 Xmas puddings
16 packets pearl barley	35 fruit puddings
1 packet puffed wheat	6 gallons whitcream
48 packets pickling spice	1 box grapes
6 packets pudding mixtures	1 carton malt chocolate spread
1 packet rice crispies	17 cartons morfat whipping
1 packet shredded wheat	7 cartons milk whipping
1452 packets cheese spread	

Total weight—8 tons 5 cwts. 3 qrs. 19 lbs.

Disposal of Unsound Food.—The Ministry of Food as the owners of all meat dressed in the slaughterhouses arranged for the condemned meat to be collected by two firms during the year. The premises of both firms are outside the Borough.

Unsound tinned foods were buried in the Corporation tips.

Prosecutions.—One butcher was fined £100 following the seizure of unsound meat in one of his branch shops.

The same person was fined £40 for breaches of the Food and Drugs Act at his food factory.

Food hygiene.—Whenever possible at premises where food was prepared or sold, the sanitary inspectors attempted to instil into the minds of workers the need for the practice of personal hygiene. Education in these matters is slow—so many factors militate against easy progress. For instance, a simple and essential requirement for the washing of hands

after using the W.C. appears strange to some workers. Even later, when they understand the reason it is difficult for them to make this one of their clean habits. Their difficulty can be appreciated when so many houses in which they have been brought up are without internal water supply and washing facilities; many houses have not even a separate tap. Hot water although an essential, is a luxury.

The practice of personal hygiene should begin during early life in the home—but it should not be made difficult by the lack of facilities at home, in school and work places.

Wash bowls, sinks and hot water supply were provided in food shops and factories. Some employers complied readily, others reluctantly, and some had to be threatened with court proceedings before the requirements of the Food and Drugs Act were met.

Before new food premises were opened the Borough Engineer submitted the plans for scrutiny and the Food Executive Officer referred applications for comment to the Health Department, and as result of this co-operation requirements of the Food and Drugs Act were met before business commenced.

Lectures with films were given by the Chief Sanitary Inspector to members of the baking industry and informal talks were given to other concerns.

Export of Fish.—Seventy-six certificates were issued relating to bales of fish, dried and salted at the factory at Pyewipe, for export to Ceylon, Denmark, Egypt, Italy, Portugal, Spain and South American countries.

Open air markets.—Some stallholders always complied with the Byelaws—but there was a certain section of the traders who sought to evade the requirements of screening stalls. At the magistrates court a fine of 5/- was imposed on one man for failing to set up proper screens. It is ironical that more stringent regulations apply for the protection of certain foods when sold in shops just across the street than when they are sold from stalls in the open air. If safeguarding the public health is the primary consideration why should there be this difference?

With the increase in supplies of tinned food, itinerant vendors gradually returned to the pre-war stands in the Freeman Street Market. Inspections made of the wares, week by week resulted in many cases of unsound goods being surrendered and destroyed.

Food poisoning.—No case occurred during the first two quarters of the year. Ten persons were known to be ill from food poisoning (3 sporadic cases, 1 family outbreak and 1 outbreak involving 4 persons.)

(a) One person, a railway plate layer, became ill at work after eating a packed lunch. After enquiries, and considering the nature of the man's work, the case was adjudged as "self contaminated."

(b) Following the husband's illness, the wife who prepared the food was found to be a carrier of salmonella typhi-murium and received hospital treatment.

(c) B. aertrycke were isolated from the stools of a baby who was ill in hospital. Enquiries did not elicit the cause of the trouble.

(d) Two members of one family had mild attacks of food poisoning. Bacteriological examinations of specimens yielded negative results. The husband had suffered from dysentery whilst in H.M. Forces in Africa.

(e) Five persons in two distinct families were reported as suffering from food poisoning. Extensive enquiries revealed that the cause of the trouble was potted meat infected with salmonella typhi-murium. The potted meat had been bought at two different shops, but the potted meat had been supplied by the same maker. Specimens of blood and faeces were taken from the workers in the food factory (where the standard of hygiene was low) and these indicated that one of the workers was a carrier. Shortly afterwards the man concerned found other work.

Ice Cream.—As indicated in previous reports the trend towards the sale of pre-packed ice cream continued. Most of the ice cream sold in Grimsby was made by outside firms, chiefly of national repute. Eight of the nine local firms continued to make and sell ice cream which was not pre-packed.

Of the 81 samples submitted for bacteriological examination 76 were in Grade 1, 3 in Grade II and 2 in Grade IV.

Non faecal *B. coli* were found in 22 samples.

Samples of Food and Drugs.—239 samples (19 formal and 220 informal) were submitted for examination by the Public analyst in 1952 and 22 (9.2%) were found to be unsatisfactory.

The 217 genuine samples included:—

almond paste 1, aspirin tablets 1, baking powder 2, calamine lotion 1, camphor tincture 1, cascara sagrada 2, castor oil 3, chest and lung mixture 1, chicken rolls 1, Christmas puddings 2, codeine linctus 1, cod liver oil 2, cod liver oil emulsion 1, coffee 3, compound syrup of figs 1, condensed milk 3, confection of senna 1, cooking fat 2, cooking oil 1, cream (synthetic) 1, custard powder 1, dandelion and burdock 1, desiccated cocoanut 2, dough nuts 1, dressed crab 1, dried milk 5, Empire honey 1, fish cakes 10, Friars balsam 1, frying oil 1, gelatine 2, glycerine 2, glycerine of thymol 1, golden eye ointment 2, grape fruit squash 1, ground almonds 1, halibut liver oil capsules 1, honey 1, hydrogen peroxide 1, ice cream 20, ice lollies 7, ipecachuan tincture 1, jam 1, lard 2, lemon curd 2, lemon marmalade 1, limeade 1, malt vinegar 2, marzipan 1, meat pies 2, meat soup and dumplings 1, milk 42, mincemeat 2, mixed peel 1, mushroom sauce 1, national butter 2, olive oil 3, orangeade 1, pale ale 1, Parrishes chemical food 1, peanut butter 1, pepper 2, phenol liq. 1, plum pudding 1, pineapple squash 1, pork sausages 2, potted meat 2, potted meat paste 3, pressed pork 1, raisin flavoured wine 1, raspberry jam 1, saccharine tablets 1, sage and onion stuffing 1, salad cream 2, salted fish 1, salt petre 1, sauce 1, sausages 12, savoury squares 1, scillah tincture 1, self raising flour 1, shredded suet 1, smoked fish 1, special margarine 2, stout 2, strawberry jam 1, syrup of camphor 1, table jelly 1, tincture of iodine 2, tomato ketchup 2, vitamin capsules 1, white pepper 1, wine 1, zinc oxide 1.

The unsatisfactory samples were:—

Pork sausages. 5 samples with varying meat deficiencies ranging from 20%-44%. The Ministry of Food was notified but court proceedings were not taken. Vendors warned.

Ice cream. 2 samples were deficient in both sugar and milk solids—

(a) 27% deficient in sugar 16% deficient in milk solids

(b) 33% deficient in sugar 33% deficient in milk solids

2 samples were deficient in fat (15.8% and 47.4%).

The Town Council decided to warn the local makers.

Pepper compound (informal sample)—Constituents not stated on package. Stock had been cleared so formal sample could not be taken.

Milk. 5 samples had fat deficiencies. Investigations proved that milk had not been mixed properly before despatch in bulk to retailer.

2 informal samples were found to contain added water. "Follow up" samples were genuine.

Ammoniated tincture of quinine. Deficiencies in 2 informal samples were found (21% and 24%). Official samples taken later were genuine.

Dressed crab. One sample contained 37.5% wet cereal filler. At the end of the year it had not been possible to take a formal sample.

Gelatine. One sample failed the setting test. Formal sample could not be taken as shop keeper had sold out his stock.

Shredded suet. One informal sample contained only 77.8% fat. Vendor warned.

Public Health (Condensed) Milk Regulations and (Dried) Milk Regulations.—3 samples of tinned milk and 5 samples of dried milk conformed to the required standards.

Public Health Preservatives etc. in Food Regulations.—There was no breach of the regulations found after examinations by the Public Analyst.

Chemical Analyses.—Mr. Hugh Childs, B.Sc., F.R.I.C., the Public Analyst of Surrey Street, Sheffield, was responsible for all chemical examinations of the samples taken under the Food and Drugs Act. The Chief Sanitary Inspector consulted him from time to time regarding certain aspects of this work.

Bacteriological, histological and biological examinations.—These were undertaken at the Grimsby and District Hospital Pathological Department where the Director of the Department (Frank Hampson, M.A., M.D., Oxon.) and his staff once again gave active and wholehearted co-operation.

Fertilisers and Feeding Stuffs.—7 inspectors and 4 official samples were examined with the following results:—

Fertilisers — Superphosphate—satisfactory.

National Growmore—contained excess of nitrogen.

Feeding stuffs — White fish meal, poultry balancer meal (2), poultry pellets, pig meal (2), cattle cubes—satisfactory.

Cattle cubes — 1.15% excess fibre.

Pig meal — 1.2% oil deficiency.

The makers of the feeding stuffs were warned and later samples complied with the statutory statements.

IX—SCHOOL HEALTH SERVICE.

Report of the School Medical Officer. FOR THE YEAR 1952.

TO THE CHAIRMAN AND MEMBERS OF THE EDUCATION COMMITTEE.

In presenting the annual report for 1952 in respect to the school health service I am pleased to say that the health of the school population remains very satisfactory in spite of rather marked epidemics of measles, chicken pox and Sonne dysentery.

Until the end of September the superintendent health visitor still carried out the duties of superintendent of school nurses but when she left in September her successor was not given any responsibility with regard to the school nurses, and therefore the clerical and nursing staff of the school health service were completely divorced from the staff of the general health service. This is most unfortunate as the detailed knowledge of the family possessed by the health visitor is lost to the Education Committee when the child reaches school age. I do not think this is good inasmuch as a new person, viz., the school nurse, then takes over without knowledge of family, social conditions, and special problems connected with the child; moreover, the family may now have two visitors, one known for years and welcomed, one unknown and with very little influence in the family until she does become known. There is here waste of detailed knowledge, of time and of manpower, which appears to be a complete negation of what was intended by the National Health Service Act as regards the duties of a health visitor.

Another point too has to be considered, namely, the fact that when a health visitor cannot follow up her work in its entirety she loses experience and has less chance of promotion: however, this point is not of so much importance as the ultimate good of the child, which should be after all the main object of both the Personal Health Service and the Education Authority.

Arrangements for specialist eye treatment to be given by the consultant ophthalmologist working in the school clinic have been very satisfactorily carried out during the year.

The child guidance clinic has continued to do a great deal of work and be of great help, so much so that parents hearing of the good work done have approached doctors and other members of the health service in order to obtain similar

help for their children. Unfortunately, there has been no speech therapist for the greater part of the year, and children in need of treatment have had to be sent to Lincoln to obtain speech therapy there.

With regard to ear, nose and throat cases awaiting operative treatment urgent cases have received early treatment either in Grimsby or at Louth, and a great deal of valuable work has been done with regard to children partially or wholly deaf.

Dr. J. W. Brown continues his rheumatic and cardiac clinic associated with the school health service, and it is a pleasure to be able to report that the number of new cases has again diminished.

As in 1951 so during routine medical inspection in 1952 no case of scabies was found and only two cases of ringworm.

No applications were received for the vacancy advertised for an assistant school medical officer. Apparently the financial prospects and the very limited scope of work do not attract new entrants to this branch of the health service. On the other hand conditions have improved in regard to the school dental service and there are now two full-time dental officers at work, and assistance in anaesthetic work is provided by an anaesthetist at least once each week.

The promise held out in 1951 of mass radiography being made available for school leavers was fulfilled in 1952 when approximately 1,300 children were examined.

The school health service continues to give all possible assistance to the Juvenile Employment Department when the time comes for placing school leavers in industry.

JANET W. HEPBURN,

Acting School Medical Officer.

Health Department,
1 Bargate,
Grimsby.

April, 1953.

GRIMSBY EDUCATION COMMITTEE.

Chairman—COUNCILLOR H. D. MITCHELL.*Deputy-Chairman*—COUNCILLOR R. BATESON.DIRECTOR OF EDUCATION—
DR. R. E. RICHARDSON, M.Sc.

EDUCATION WELFARE SUB-COMMITTEE.

Chairman—ALDERMAN W. HARRIS.*Deputy-Chairman*—COUNCILLOR C. W. JAKES.

THE MAYOR—ALDERMAN G. C. WILSON, O.B.E., J.P.

Alderman	M. BLOOM, J.P.	Councillor	Miss J. B. B. McLAREN
„	J. B. C. OLSEN,	„	H. D. MITCHELL,
„	C. H. WILKINSON,	„	W. J. MOLSON,
	M.B.E., J.P.	„	J. P. MURPHY,
Councillor	G. H. ATKINSON,	„	A. C. PARKER,
„	R. BATESON,	„	B. WHITE,
„	R. BRYANT,	„	Mr. S. NEAL,
„	A. C. CORRINGHAM,	„	Mrs. N. TROUGHT,
„	C. CRUMMY,	„	Mr. K. R. SMITH,
„	A. W. KENNINGTON,	„	Miss P. MILLER.
„	Mrs. LARMOUR,		

STAFF OF SCHOOL HEALTH SERVICE.

MEDICAL OFFICER OF HEALTH AND SCHOOL MEDICAL OFFICER—
JAMES A. KERR, V.R.D., B.Sc., M.D., D.P.H.

ASSISTANT SCHOOL MEDICAL OFFICERS—

P. I. ATKINSON, M.B.

Miss G. K. BIRCHENOUGH, M.R.C.S., L.R.C.P., D.P.H.
(resigned 31-12-52)

J. G. J. COGHILL, M.B., Ch.B.,

SENIOR DENTAL OFFICER—

D. W. HUNT, L.D.S., R.C.S. (ENG).

ASSISTANT DENTAL OFFICER—

G. S. WATSON, L.D.S. (appointed 1-5-52)

SCHOOL NURSES—

Miss C. M. LORD, *Superintendent* (resigned 30-9-52)

Nurses—A. ABBEY (resigned 6-3-52), H. M. SCARLETT,
A. C. NICHOLSON, F. J. WYATT, J. MARSH, E. HEWSON,
M. WALMSLEY, B. JENKINSON (appointed 1-10-52), M. MAULTBY
(part time)

DENTAL STAFF—

Miss R. HENFREY, Mrs. O. BABINGTON, Miss M. BALDRY

CLERICAL STAFF—

Miss A. ROBERTS, Mrs. J. PIPER, Miss S. BRIGGS.

MENTAL WELFARE VISITOR—

Miss E. M. WOULD.

Sanitary arrangements in schools.—Apart from maintenance repairs no improvements were undertaken at any school during 1952. A scheme for improvements at St. John's School was in course of preparation at the end of the year.

FINDINGS OF MEDICAL INSPECTIONS.

The number of children on the register at 1st April, 1952, was 14,710, an increase of 555 since last year.

Nutrition.—The average nutrition of school children was maintained at a satisfactory level throughout the year.

Classification of those medically inspected was made under the designation —“General Condition”. From the inspector's point of view this seems to have the advantage of emphasising that the assessment is not of the physique of the child but of its actual well-being at the time of the examination.

“General Condition” is assessed under the headings A ‘good’, B ‘fair’ and C ‘poor’. Of the 4,858 children who were medically inspected during the year, 2,918 or 60.1% were classified ‘A’. 1,912 or 39.4% were classified ‘B’, and 28 or .5% were classified ‘C’.

Nutritional surveys were made in all the schools in the town on one or more occasions during the year.

At the end of the year 4,213 were paying for school dinners, and 256 children were receiving them free. The total of school children drinking school milk was 12,424 each day.

Uncleanliness.—The total inspections of school children during 1952 was 34,969. The number found to be unclean was 903.

At routine school medical inspections 56 children out of 4,858 examined showed evidence of louse infestation.

One hundred and nineteen necessitous children were supplied with clothing to the total value of £286.

Diseases of the Skin.—The incidence of scabies and all skin diseases found at routine medical inspections during the last six years is found in the accompanying table.

	ROUTINE MEDICAL INSPECTIONS Incidence per 1,000 inspections.					
	1947	1948	1949	1950	1951	1952
All skin diseases ..	10.65	12.3	20.5	5.4	13.3	11.2
Scabies ..	2.4	2.1	0.83	0.67	0.0	0.0

A further table shows the number of cases of the chief infectious skin diseases seen by the medical officer and treated at the school clinic during the same six years.

Disease.	1947	1948	1949	1950	1951	1952
Ringworm (scalp)	—	4	2	—	—	—
Ringworm (body)	4	5	1	—	—	2
Scabies	73	61	41	3	—	—
Impetigo	20	20	38	24	34	29

Minor Ailments Clinic.—The figures for attendance at the school clinic during 1952 were as follows:—

Total Attendances—14,104.

Special Inspections.—1,086. (cases seen by the Medical Officer).

Re-inspections.—2,729. (cases seen at the clinic).

1,604 were dealt with by one or other of the nurses in attendance, and not seen by the medical officer.

Defects of Vision and Diseases of the Eye.—Refraction clinics were held on Tuesday afternoons weekly throughout the year by Dr. E. Hainsworth, visiting Ophthalmologist to the authority.

Out of a total of 497 attendances 311 children (of which 171 were new cases) had refraction carried out; 275 had glasses prescribed and 269 obtained glasses. In addition 11 cases of eye disease were referred from the school clinic during the year.

Diseases of the Ear, Nose and Throat.—Mr. Spencer Harrison held a special clinic every fourth Wednesday in order to see all cases referred by the Local Authority at the Grimsby General Hospital. The most urgent cases were not kept waiting but were referred separately.

Nose and Throat Defects.—The number of cases found at routine and special inspections to require treatment, was 241. These were classified as follows:—

Chronic tonsillitis	..	..	..	12
Adenoids only	..	..	..	4
Chronic tonsillitis and adenoids	..	..	..	92
Other conditions	..	..	..	133

The nasal hygiene clinic continued to be held daily throughout the year, under the supervision of the senior clinic nurse. Successful conditions were obtained in all types of cases showing catarrhal conditions of the nose and throat.

The number of children treated was 175, and total attendances were 2,339. 49 new cases (868 attendances) have had diastolisation treatment. In addition a further 126 cases were treated for otorrhoea and chronic otitis media, making an attendance of 1,471.

Group Audiometry.—Steady progress is being maintained in routine group audiometry, and the defective children weeded out and referred for the ear, nose and throat specialist's opinion. The hearing results appear to be very accurate which is quite an achievement, as the tests are carried out sometimes under somewhat difficult conditions, e.g., cramped space and extraneous noises. These conditions arise from severe overcrowding in schools and are seldom due to difficulties in co-operation with the teaching staff.

The figures for all cases seen by Mr. Spencer Harrison, Dr. Atkinson and Miss Scarlett are tabulated below:—

Total number of children tested	..	1,144
Number of cases retested	..	144
„ „ defective cases	..	43
„ „ cases without defect after retest	..	101
„ „ cases already attending the E.N.T. Specialist		2
„ „ cases referred for medical examination	..	41
„ „ cases referred to the E.N.T. Specialist	..	19
„ „ cases treated at the school clinic	..	12
„ „ cases refused or failed to attend	..	10

Heart Diseases and Rheumatism.—7 clinics were held by Dr. J. Brown, the consultant physician for these diseases. 65 cases (of which 23 were new) made a total of 102 attendances.

Handicapped Pupils and School Health Regulations, 1945.—Children reported to the local mental health authority during the year ending 31st December, 1952, numbered 31. Of these 29 were placed under statutory supervision, 1 was admitted into an Institution, and 1 left the country. One of those under statutory supervision was enrolled at the occupation centre.

There were 33 children referred for examination during the year; 6 of these were found to be dull and backward, 15 educationally subnormal and 3 ineducable within the school system. The assessment of 1 child was deferred for 12 months pending medical treatment and 2 children were found to be normal. There were 6 awaiting examination at the end of the year.

Infectious diseases.—No school or department was closed on account of communicable disease during the year.

Scarlet Fever.—The number of cases notified in children of school age was 58, compared with 40 in 1951.

Measles.—610 cases were notified amongst school children as against 344 the previous year.

Whooping cough.—One hundred and twenty-three cases were reported in children of school age (194 in 1951).

Chicken pox.—765 cases were notified in school children, compared with 548 the previous year.

Diphtheria.—3 cases occurred in school children (5 in 1951).

Dysentery.—88 cases were notified in children aged 5 to 15 years. There were no cases in 1951.

Tuberculosis.—Twenty-one children of school age were notified under the Public Health (Tuberculosis) Regulations, and of these 17 were classified as pulmonary and 4 as non-pulmonary. The previous year accounted for 30 new cases.

Protection against diphtheria.—During the year 1,147 children under five years of age and 304 children of school age completed the series of inoculations for diphtheria immunisation. Reinforcing injections were given to 1,204 children in order to raise their immunity during their school life.

Employment Certificates.—Certificates were issued to 205 school children who were engaged in particular employment after school hours.

Handicapped and Sub-Normal Children.—The following cases were dealt with during the year :—

Name.	Date of Birth.	Disability.	Special School.	Admitted.	Left.
Gallagher, Lily	23.12.37.	Blind.	Yorkshire School for the Blind, York.	27.10.52.	
Cook, Pauline	30. 9.43.	Deaf.	Yorkshire School for the Deaf, Doncaster.	18. 4.52.	
Drevor, Janet	5. 6.44	"	"	15. 1.52.	
Holmes, Brian	14. 5.43.	"	"	11.11.52.	31.12.52.
Rimmer, Peter E.	7. 7.47.	"	"	15. 1.52.	
Hibbert, Raymond	3. 1.43.	"	Children's Convalescent Home, West Kirby.	28. 4.52.	
Stripling, Marlene	18. 2.43.	Delicate.	"	21.10.52.	
Clarke, Roy	4. 1.42.	Malnutrition.	"	2. 9.52.	
Avison, Terence	14. 7.41.	Phys. Hand.	Coney Hill Home.	16. 6.52.	
Bryant, John	24. 3.43.	E.S.N.	St. Christopher's Special School, Lincoln.	25.11.52.	
Cowie, Jean	21.10.43.	"	Etton Pasture Special School.	9. 9.52.	
Fuller, Peter	10. 6.41.	"	"	"	
Melhuish, David	12. 6.41.	"	"	"	
Webb, Janice	3. 6.43.	"	"	"	
Welbourne, Dorothy	21. 2.42.	"	"	"	
Evans, Florence	14. 4.39.	"	High Close School, Wokingham.	1. 2.52.	
Evans, Phyllis	3. 6.40.	"	"	"	
Swales, Adrian	1. 4.43.	"	Besford Court School, Worcester.	2. 4.52.	
Lawson, Keith	14.11.43.	E.S.N. & Maladjusted.	Camphill-Rudolph Steiner Schools.	16.12.52.	

The following cases previously dealt with were still a responsibility of the Education Committee :—

Name.	Date of Birth	Disability.	Special School.	Admitted.	Left.
Browning, Michael	16. 2.41.	Blind	Sheffield School for the Blind.	29. 4.50.	
Hutchinson, R.	26. 4.38.	"	Yorkshire School for the Blind, York.	26. 6.50.	
Lewis, Joan A.	25. 1.40.	"	"	24.11.51.	

The following cases previously dealt with were still a responsibility of the Education Committee :—

Name.	Date of Birth.	Disability.	Special School.	Admitted.	Left.
Cotter, Elizabeth	24. 4.37.	Deaf.	St. John's Institute, Boston Spa.	28. 8.42.	
Bensley, Beryl	3.10.44.	"	Yorkshire School for the Deaf, Doncaster.	15. 9.49.	
Cooper, Maureen	24.12.40.	"	"	9. 1.51.	
Evans, Richard	12. 9.39.	"	"	20. 4.48.	
Gresham, Sheila	30. 3.40.	"	"	22.10.45.	
Hardy, Brian	1. 3.39.	"	"	14. 1.47.	
Mogg, Pauline	22. 8.36.	"	"	22. 9.43.	30. 7.52.
Mogg, Barbara	"	"	"	"	"
Paddison, M.	26. 8.44.	"	"	15. 9.49.	
Robinson, C.	6. 9.44.	"	"	20. 9.51.	
Colvin, Peter	22.12.40.	"	"	14. 8.51.	
Parkin, Shirley	16.11.34.	Delicate.	Children's Convalescent Home, West Kirby.	19. 4.47.	18.12.52.
Evans, Michael	17. 7.41.	Epileptic.	Maghull Homes, Liverpool.	15. 1.51.	
Rushby, Fred	6. 4.38.	Part. sight.	Exhall Grange Special School.	10. 9.51.	
Rushby, Thomas	8. 2.40.	Phys. Hand.	"	"	
Hall, Stephen	17.10.41.	"	"	"	
Avison, Eileen	7.10.38.	Maladjusted.	Holly House Hostel.	6. 4.51	19.12.52.
Thompson, Avril	16. 2.38.	E.S.N.	Seacroft Special School	2. 6.50.	18.12.52.
Cummings, Peter	17. 9.36.	"	"	8. 1.51.	
Walden, David	11. 5.36.	"	St. Francis Residential School, Birmingham.	26. 1.49.	17.12.52.
Blakeney, Brian	18. 1.39.	"	Beacon Residential School, Lichfield.	1. 4.46.	25. 7.52
Deakins, David	12.12.36.	"	St. Christopher's Special School, Lincoln.	4. 9.51.	
Goodwin, James	18.12.36.	"	"	9. 1.50.	19.12.52.
Hardy, George	5. 4.37.	"	"	9. 9.47.	"
Mitchell, Edw.	23.12.38.	"	"	4. 9.50.	
Palmer, John	26.12.38.	"	"	3. 4.51.	
Stones, Albert	6. 4.36.	"	"	29. 9.47.	9. 4.52.

DENTAL SERVICE.

Mr. Donald W. Hunt, L.D.S., R.C.S. (Eng.), senior dental officer, presents the following report:—

I have pleasure in presenting a report on the dental service provided by the County Borough of Grimsby during the year 1952. These services are available to school children under section 48 of the Education Act, 1944, and to expectant and nursing mothers and children below school age under section 22 of the National Health Service Act, 1946.

These sections of the community in Grimsby amount to some 20,000 persons and from 1949 until 1952 there has been but one dental officer available to the authority to enable it to fulfil its obligations under these Acts. It is pleasing therefore to record that an additional dental officer, Mr. G. S. Watson, entered the service of the authority on 1st May, 1952. There is now a ratio of one dental officer per 10,000 members of the priority classes, which is a little better than it has been but still every far short of the ratio required to render a comprehensive service of inspection and treatment.

The acute shortage of public dental officers is due to the unfortunate lack of safeguards to protect existing preventive services at the inception of the National Health Scheme. Measures to recover the ground lost in preventive medicine have been all too few and all too slow, but they do include some substantial foundations so far as the public dental service is concerned. For the first time a national agreement on salaries and conditions of service has been negotiated for public dental officers, and the Education (Miscellaneous Provisions) Bill before Parliament at the time of writing will, if it be passed in due course, lay additional emphasis on the obligation of local authorities to provide a comprehensive dental service for the priority classes.

Sections 5 1 (6) and 6 1 (6) of the Bill would seem to indicate that the transfer of this service to the control of Regional Hospital Boards is contemplated, should local authorities find the task of rebuilding a priority dental service beyond their resources.

Such a transfer would be regretted by many public dental officers employed by progressive education authorities, but it matters little what organisation is developed to control the service so long as the standard maintained is correlated throughout the country. This is far from being the case at present, but it is noteworthy that many of the smaller education authorities are in the van of progress so far as the school dental service is concerned.

It is noteworthy that during 1952 the loss of staff in the public dental service not only ceased but that quite a substantial swing of the pendulum in the other direction was

recorded and local authorities were able to report additions to their staff once more.

Doubtless it is yet too soon to gauge the full extent of this tendency and whether it will gain in momentum, but it appears that a proportion at least of these recruits to the public dental service have a profound dislike of the general dental service under the National Health Scheme rather than any positive enthusiasm to enter the employment of local authorities. Time alone will tell but there is still little opportunity for making a real career in the public dental service, and it is an open matter whether or not the recent additions to the staff will be permanent.

Remuneration remains well below that earned in other spheres of practice, and there is virtually no opportunity for promotion or recognised specialisation; but at least there is now machinery to deal with these problems and it may be hoped that it will be used co-operatively by all parties concerned with the welfare and stability of the service.

In 1951 a scheme was introduced whereby all school children in the town would be dentally inspected and their parents advised as to the need of treatment or otherwise, but this treatment would mostly have to be sought under the general dental service as the one public dental officer remaining would be unable to give treatment to more than a few of the total inspected.

This scheme however proved impracticable for two main reasons, (1) The children seemed unable to get treatment from private practitioners. (2) The clinic was so besieged by children in pain who had not been able to obtain treatment elsewhere, that the dental officer was unable to leave the clinic in order to carry out school dental inspections on the scale envisaged.

With the appointment of a second dental officer this scheme has been finally discarded, and efforts are now concentrated, within the limits of the staff available, on routine inspection and the offer of treatment to all those inspected. The parents of each child seen by the school dental officer are informed of the facilities available for treatment and asked to state whether they wish to attend the clinic, or to make their own arrangements with a private dental practitioner. They may also refuse dental treatment altogether; but very few indeed take this course and these are mostly members of difficult families who create problems for the Authority in other directions.

It is a source of satisfaction to the clinic staff that more than ninety per cent of the children inspected do attend the clinic for treatment, and it may safely be assumed that most of the ten per cent who do not come to the clinic have made arrangements to have their treatment undertaken elsewhere.

It may also be seen from the statistical table on page 26 that the children attending the clinic from a routine inspection were considerably more in number than those attending as "specials", mostly for the relief of pain.

The number of permanent teeth filled is also in excess of those extracted, so that the appointment of a second dental surgeon is already showing results in the increase of conservative treatment and the decrease of pain amongst the proportion of school children the service is able to reach. A further figure in the statistical table deserves special mention. Item No. 11 entitled "other operations" is very large, and it should be explained that this includes a variety of operations, from short simple remedial treatments and advice to more lengthy procedures such as the construction of crowns, inlays, bridges etc., and the provision of orthodontic treatment.

If a child is offered treatment at the clinic no form of treatment is refused or neglected solely because of the shortage of staff. The fully comprehensive nature of the treatment given is undoubtedly greatly appreciated by the public and adds interest to the work of the dental officers themselves.

It should be realised that the statistical report itself conveys little idea of the scope of treatment undertaken, but it does convey the all important information as to the number of children being reached by the service and whether the treatment given is mainly conservative or destructive. Viewed in this light the figures give cause for much concern, and little improvement can be expected until the staff of dental officers is nearer the desired ratio of one per 3,000 of the school population.

It is possible in the near future however that the availability of accommodation may be a more difficult problem than the availability of staff.

There are in existence in Grimsby two dental clinics, each designed to hold one dental officer. One of these, at Hope Street, has been modified by the erection of internal panelling to hold two dental officers and also the administrative office of the service. The present position there is difficult indeed and cannot be regarded in any way as a permanent arrangement.

The other clinic at Watkin Street is in process of rehabilitation after a long period of disuse, and it is hoped to bring it into service some time in 1953. At the time of writing no further staff could be accommodated, and it is a serious matter that several possibilities of further help are being delayed due to lack of accommodation.

When the service reaches maturity it is envisaged that one central two surgery clinic together with the administrative office, and three single surgery clinics at convenient points within the town will be required.

It is unlikely however that new permanent building will be practicable for some time to come and the possibility of finding buildings suitable for conversion, of using temporary accommodation, or using mobile caravan clinics will have to be considered alongside with the development of the service.

In conclusion my thanks are due to the Chairman and Members of the Education Committee for their active support and advice throughout the year, to the director of education and the medical officer of health and their staffs for their co-operation, and to my own staff for their loyal assistance in another difficult year.

CHILD GUIDANCE SERVICE

Dr. C. H. Jackson, Educational Psychologist, presents the following report:—

This report covers the 12 months from January to December, 1952, and is the fifth report on the work of the Service.

In form the report follows closely that of previous years to facilitate comparisons being made. Because numbers in the several categories are comparatively small considerable caution should be used in drawing any inferences.

All tabulated figures concern only cases referred during 1952 except those of tables 8 and 9 which include cases referred in previous years if dealt with during 1952.

Part One—Statistical.

105 cases were referred during the year. 94 of these were seen during the year. 11 cases were awaiting initial appointments at the end of December. Detailed figures are given in Table One.

TABLE I. Cases closed, current and waiting interview.

Current on 31st December 1952	..	53
Cases closed during 1952	.. ..	41
Waiting initial interview	.. ..	11
		<hr/>
		105
		<hr/>

The number of referrals is lower than last year (127).

TABLE II. Referrals grouped by age.

Below 5 years	PRE-SCHOOL	11
5 but not 6	PRIMARY (INFANT) SCHOOL.	9
6 but not 7		9
7 but not 8		6
8 but not 9	PRIMARY (JUNIOR) SCHOOL.	11
9 but not 10		11
10 but not 11		17
11 but not 12	SECONDARY SCHOOL	9
12 but not 13		7
13 but not 14		7
14 but not 15		5
Above 15 years		3
		<hr/>
		105
		<hr/>

3 of the Secondary School children attended Secondary Grammar Schools. 6 of the children referred were attending Private Schools. Approximately 70% of all referrals were in respect of children below 11 years of age. This is very satisfactory.

TABLE III. Referral by Sex.

Boys 56; Girls 49; Total 105.

This is the first year in which the proportion of boys to girls has significantly fallen below 2 to 1. The change appears associated with the drop in numbers of cases referred for mental assessment or educational failure, as in general far more boys than girls occur in these two categories.

TABLE IV. Reasons given for referral.

Mental or personality assessment	24
Difficult behaviour	14
Emotional problems	14
Educational guidance	18
Habit disorders	14
Failure to make school progress	12
Anti-social or delinquent conduct	7
Various—unclassified	2
	<hr/>
	105
	<hr/>

The main changes from last year have been that referrals for emotional problems and habit disorders have both nearly doubled, whilst referrals for mental assessments, difficult behaviour and scholastic failure have dropped by about $\frac{1}{2}$. Factors influencing these changes appear to be the small number of referrals by the Speech Therapist and increased assessment work being done in schools as part of remedial teaching facilities.

TABLE V. Sources of Referrals.

Parents: direct or through school	20
Schools: through Head Teacher	24
Medical or Child Welfare Services: through	
Medical Officer of Health or School	
Medical Officer	22
L.E.A. Officers: through Director or Speech	
Therapist	18
Family doctors or Medical Specialists ..	11
Children's Department or Court: through	
Children's Officer or Medical Officer of	
Health	4
Various—unclassified	6
	<hr/>
	105
	<hr/>

Cases referred by one agency at the request of another or referred by one agency as a direct result of advice to this effect by another have been classified under the heading denoting the latter.

The only substantial change from last year occurs in referrals through L.E.A. Officers which are about halved owing to the fact that last year the Speech Therapist referred a large number of children for mental assessment.

TABLE VI. Intelligence level of referrals.

<i>Intelligence Quotient.</i>					
below 50	..	..	..	..	7
50-59	..	..	..	..	1
60-69	..	..	..	..	5
70-79	..	..	..	..	6
80-89	..	..	..	..	14
90-99	..	..	..	..	16
100-109	..	..	..	..	14
110-119	..	..	..	..	13
120-129	..	..	..	..	9
130-139	..	..	..	..	2
140-149	..	..	..	..	1
150-and above	..	..	..	..	1
Not tested	..	..	..	..	16
					<hr/> 105 <hr/>

Intelligence quotients given are in most cases those obtained on the Revised Stanford-Binet Scale. In a few special cases more appropriate scales have been employed, e.g. children with sensory handicaps, pre-school children and older children of high intellectual ability.

There is no significant change from last year in the distribution of intelligence of children referred. The 16 children classed as "not tested" fall into this category for the following reasons.

Waiting initial appointment	..	..	11
Did not accept appointment	..	..	1
Testing deferred for psychological reasons			3
Problem cleared before appointment arranged			1
Not accepted for child guidance	..	..	—
			<hr/> 16 <hr/>

TABLE VII. Reasons for closure of cases.

Diagnosis: followed by report, recommendation or advice	..	..	..	27
Treatment concluded	..	..	..	10
Diagnosis or treatment concluded and transferred to other treatment (medical, speech therapy, etc.)	..	..	..	2
Did not accept appointment	..	..	..	1
Problem cleared before appointment arranged	..	..	..	1
Not accepted for child guidance	..	..	..	—
				<hr/> 41 <hr/>

The total number of unsatisfactory referrals was considerably lower than last year (1 as against 7). These are cases considered unsuitable for child guidance or those in which parental co-operation could not be obtained.

About 40% of cases were closed during the year compared with 50% last year. This seems due to the higher proportion of treatment cases (emotional and habit disorders) and smaller proportion of purely diagnostic. This has already been referred to in tables four and five.

To enable a clearer picture to be obtained of the current case load it is necessary to consider cases referred in previous years which were not closed on 31st December, 1951. These include cases referred in 1951 and awaiting initial appointment on 31st December, 1951, and those still under treatment at that date. They are detailed in table eight.

TABLE VIII. Current cases from previous years dealt with during 1951.

Seen during 1951 and still current on 31.12.52.	54
Waiting initial interview on 31.12.50	.. 11
	—
	65
	==

Of these 65 cases carried forward from last year 20 were closed during the current year. The 45 remaining current at 31st December, 1952, were mainly supervision and follow-up, and more serious psychiatric and remedial cases requiring prolonged treatment. It will be apparent that there is a tendency for the current case load to rise steadily as cases are carried forward from one year into the next. Many cannot be closed before the expiration of the succeeding year. The current case load at 31st December in each of the years' 1948 to 1952 has been respectively 23, 54, 69, 92, 109. The last figure is analysed in table nine.

TABLE IX. Composition of current case load on 31.12.52

Carried forward from previous year	
(treatment)	.. .. 16
Carried forward from previous year	
(follow-up)	.. .. 29
Referred in 1952 and still current at	
31.12.52	.. .. 53
Waiting initial appointments at 31.12.52	.. 11
	—
	109
	==

TABLE X. Analysis of interviews made during the year.

Child interviews	remedial teaching	520
	psychological	328
	play sessions	307
	psychiatric	45
Parent interview	psychological	189
	psychiatric	149
	social work	42
School and other contacts	psychologist	118
	social worker	25
	social worker	172
Home visits	psychologist	3

With the exception of psychological interviews with parents all these figures are higher than the corresponding figures for last year. This reflects the increased needs of the cumulative case load already referred to in tables eight and nine. The decrease in parent interviews by the psychologist (from 282 to 189) have been more than off-set by the increased number of such interviews by the social worker (from 26 to 149) who has also more than doubled the number of her home visits.

These facts may be summarised by the following analysis of total interviews during the year. Corresponding figures for 1951 are added alongside for purpose of comparison.

		1952	1951
Psychological	.. ..	49%	60%
Remedial Teaching	.. ..	28%	26%
Psychiatric	.. ..	5%	7%
Social Work	.. ..	18%	7%
Child Interview	.. ..	63%	66%
Parent and other interviews		37%	34%

Part Two—General.

In June 1952 the Centre lost the services of Miss J. Barker who resigned appointment as Secretary-Receptionist on her marriage. Miss J. Riggall was appointed in the same month to fill the vacancy created.

During the year the Centre welcomed visits from the Consultant Psychiatrist to the Sheffield Regional Hospital Board, Dr. F. J. S. Esher, the Child Guidance Staff from Hull C.G. Clinic, Dr. Mackay, Mrs. Aiken and Mr. Graham Reed, and the Educational Psychologist from the County Borough of Dewsbury, Miss C. Sim. A number of student-teachers and other child welfare students paid visits to the Centre. Questions and comments of student-teachers suggested that such visits have considerable value as part of teacher training.

The cumulative case load referred to in tables eight and nine, together with the fact that no increased psychiatric or psychological services are yet available, continues to cause concern. The yearly case load increase already commented upon might continue for some time. If the trend continues at the same rate, it is anticipated that the maximum case load likely will be reached in about two years when the current case load may be as high as 150 assuming that all purely remedial teaching can be dealt with in the schools.

It has already been indicated that the decreased number of referrals is paralleled by similar decreases in the number of boys referred, the number of referrals on account of mental or educational backwardness, and reduction in number of referrals by the speech therapist (who has been absent during the major part of the year). It was surmised that these facts were inter-related, as normally far more boys than girls occur in these categories. In an attempt to verify this hypothesis figures were extracted in respect of all Grimsby children tested during the year, whether child guidance referrals or in connection with remedial teaching work in schools. Figures obtained were:—

	<i>Child Guidance Cases</i>	<i>Remedial Work in Schools</i>	<i>Total</i>
Boys	56	81	137
Girls	49	29	78
	<hr/> 105	<hr/> 110	<hr/> 215

At the end of the year the state of the psychiatric case-load was; 11 current treatment, 10 periodic follow-up, 8 new cases waiting to be seen. The Consultant can give only one session weekly. Very few current cases should be seen less frequently than fortnightly. At present it is not possible for the Consultant to be available for case conferences on new cases, though this is highly desirable. It is earnestly hoped that the Sheffield Regional Hospital Board will soon make available the additional psychiatric help promised last year.

An unusually large number of referrals required special medical examinations and treatments, and it is desired to record special thanks to the assistant school medical officer for his generous co-operation.

During the year 9 individual talks and one short course of four lectures were given on problems of child development, training and education to parents and teachers at the invitation of local bodies and associations.

Plans are being put into effect for the re-organisation of case records and creation of a system to facilitate analysis of the considerable volume of data accumulated during the past four years. When this is concluded it is hoped to present a report covering the first five years of the work of the child guidance service. It is expected that the numbers of cases in the several categories will be large enough to enable some valuable conclusions to be drawn, and follow-up of cases will have enabled some estimate to be made of the long term value of the work.

TABLE I.

**Medical Inspection of pupils attending Maintained Primary
and Secondary Schools (Including Special Schools).**

A.—PERIODIC MEDICAL INSPECTIONS.

Number of Inspections in the prescribed Groups.						
Entrants	..	..	..	..	..	1,957
Second Age Group	..	..	..	..	..	1,248
Third Age Group	..	..	..	..	..	994
Total	..	..	..	..	..	4,199
Number of other Periodic Inspections						
Grand Total	..	..	..	..	..	659
						4,858

B.—OTHER INSPECTIONS.

Number of Special Inspections	..	..	..	1,086
Number of Re-Inspections	..	..	..	2,729
Total	..	..	..	3,815

C.—PUPILS FOUND TO REQUIRE TREATMENT.

Number of Individual pupils found at periodic Medical Inspection to require treatment (excluding Dental Diseases and Infestation with Vermin).

Group (1)	For defective vision (excluding squint). (2)	For any of the other conditions recorded in Table IIa. (3)	Total individual pupils. (4)
Entrants ..	6	193	199
Second age group	65	98	159
Third age group	97	102	173
Total (prescribed groups) ..	168	393	531
Other Periodic Inspections ..	30	48	65
Grand Total ..	198	441	596

TABLE II.

A.—Return of Defects Found by Medical Inspection in the Year Ended 31st December, 1952.

Defect Code No.	Defect or Disease	PERIODIC INSPECTIONS		SPECIAL INSPECTIONS	
		No. of Defects		No. of Defects	
		Requiring treatment	Requiring to be kept under observation, but not requiring treatment	Requiring treatment	Requiring to be kept under observation, but not requiring treatment
	(1)	(2)	(3)	(4)	(5)
4	Skin	53	86	215	—
5	Eyes—				
	a. Vision ..	198	212	48	—
	b. Squint ..	34	84	7	—
	c. Other ..	21	13	50	—
6	Ears—				
	a. Hearing ..	13	20	22	—
	b. Otitis Media ..	11	37	39	—
	c. Other ..	15	29	37	—
7	Nose or Throat ..	146	575	93	—
8	Speech	1	36	1	—
9	Cervical Glands ..	6	307	2	—
10	Heart and				
	Circulation ..	15	42	33	—
11	Lungs	26	83	40	—
12	Developmental				
	a. Hernia ..	9	5	—	—
	b. Other ..	3	54	4	—
13	Orthopaedic—				
	a. Posture ..	4	20	1	—
	b. Flat foot ..	23	49	2	—
	c. Other ..	23	70	5	—
14	Nervous system—				
	a. Epilepsy ..	—	6	—	—
	b. Other ..	19	27	44	—
15	Psychological—				
	a. Development ..	11	33	7	—
	b. Stability ..	1	21	—	—
16	Other	7	15	436	—

B.—Classification of the general condition of pupils inspected during the year in the age groups.

Age Groups	Number of Pupils Inspected	A. (Good)		B. (Fair)		C. (Poor)	
		No.	% of col. 2	No.	% of col. 2	No.	% of col. 2
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Entrants	1,957	1,106	56.5	840	42.9	11	0.6
Second Age Group ..	1,248	674	54.0	565	45.3	9	0.7
Third Age Group ..	994	607	61.1	380	38.2	7	0.7
Other Periodic Inspections ..	659	531	80.6	127	19.3	1	0.1
Total	4,858	2,918	60.1	1,912	39.4	28	0.5

TABLE III.

Infestation with vermin.

(i)	Total number of examinations in the schools by the school nurses or other authorized persons	1,028
(ii)	Total number of individual pupils found to be infested	903
(iii)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944)	—
(iv)	Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944)	—

TABLE IV.

GROUP 1.—DISEASES OF THE SKIN (excluding Uncleanliness for which see Table III).

	Number of cases treated or under treatment during the year	
	by the Authority	otherwise
Ringworm—(i) Scalp	—	—
(ii) Body	2	—
Scabies	—	—
Impetigo	29	1
Other skin diseases	184	5
Total ...	215	6

GROUP 2.—EYE DISEASES, DEFECTIVE VISION AND SQUINT.

	Number of cases dealt with	
	by the Authority	otherwise
External and other, excluding errors of refraction and squint	11	25
Errors of Refraction (including squint)	311*	1,312
Total ...	322	1,337
Number of pupils for whom spectacles were—		
(a) Prescribed ...	275*	1,037
(b) Obtained ...	269*	1,009

*Including cases dealt with under arrangements with the Supplementary Ophthalmic Services.

GROUP 3. DISEASES AND DEFECTS OF EAR, NOSE AND THROAT.

	Number of cases treated	
	by the Authority	otherwise
Received operative treatment		
(a) for diseases of the ear	2	9
(b) for adenoids and chronic tonsillitis	135	294
(c) for other nose and throat conditions	12	30
Received other forms of treatment	153	—
Total ...	302	333

GROUP 4.—ORTHOPAEDIC AND POSTURAL DEFECTS.

(a) Number treated as in-patients in hospitals	45	
	By the Authority	Otherwise
(b) Number treated otherwise, <i>e.g.</i> , in clinics or out-patient depts.	41	3

GROUP 5.—CHILD GUIDANCE TREATMENT.

	Number of cases treated	
	In the Authority's Child Guidance Clinics	Elsewhere
Number of pupils treated at Child Guidance Clinics	94	—

GROUP 6.—SPEECH THERAPY.

	Number of cases treated	
	by the Authority	Otherwise
Number of pupils treated by Speech Therapists	67	—

GROUP 7.—OTHER TREATMENT GIVEN.

	Number of cases treated	
	by the Authority	Otherwise
(a) Miscellaneous minor ailments	436	110
(b) Other (specify)		
1. Respiratory	40	12
2. Cardio-Vascular	33	8
3. Alimentary System	4	80
4. Central Nervous System	51	5
5. Genito-Urinary	7	17
Total ...	571	232

TABLE V.—Dental inspection and treatment.

1. Number of pupils inspected by the Authority's Dental Officers—						
(a) Periodic age groups .. .. .	..	..	..	..	..	2,302
(b) Specials .. .. .	..	..	..	..	..	1,578
Total (1) .. .. .	..	..	..	..	..	3,880
2. Number found to require treatment .. .. .	..	..	..	..	..	3,187
3. Number referred for treatment .. .. .	..	..	..	..	..	3,151
4. Number actually treated .. .. .	..	..	..	..	..	2,924
5. Attendances made by pupils for treatment .. .. .	..	..	..	..	..	4,835
6. Half-days devoted to—Inspection .. .. .	..	..	..	..	..	17
Treatment .. .. .	..	..	..	..	..	791
Total (6) .. .. .	..	..	..	..	..	808
7. Fillings—Permanent Teeth .. .. .	..	..	..	..	..	1,481
Temporary Teeth .. .. .	..	..	..	..	..	65
Total (7) .. .. .	..	..	..	..	..	1,546
8. Number of teeth filled—Permanent Teeth .. .. .	..	..	..	..	..	1,461
Temporary Teeth .. .. .	..	..	..	..	..	65
Total (8) .. .. .	..	..	..	..	..	1,526
9. Extractions—Permanent Teeth .. .. .	..	..	..	..	..	1,011
Temporary Teeth .. .. .	..	..	..	..	..	3,000
Total (9) .. .. .	..	..	..	..	..	4,011
10. Administration of general anaesthetics for extraction .. .. .	..	..	..	..	..	1,841
11. Other Operations—Permanent Teeth .. .. .	..	..	..	..	..	2,101
Temporary Teeth .. .. .	..	..	..	..	..	890
Total (11) .. .. .	..	..	..	..	..	2,991

WINTRINGHAM GRAMMAR SCHOOL & TECHNICAL SCHOOL.

Return of Defects found in the course of Medical Inspection.

DEFECT.	Wintringham Grammar School				Technical School			
	ROUTINE INSPECTION							
	Referred for Treatment.		Referred for Observation		Referred for Treatment		Referred for Observation	
	BOYS	GIRLS	BOYS	GIRLS	BOYS	GIRLS	BOYS	GIRLS
MALNUTRITION	—	—	—	—	—	—	—	—
UNCLEANLINESS								
Head	—	—	—	—	—	—	—	—
Body	—	—	—	—	—	—	—	—
SKIN								
Ringworm—Scalp	—	—	—	—	—	—	—	—
" Body	—	—	—	—	—	—	—	—
Scabies	—	—	—	—	—	—	—	—
Impetigo	—	—	—	—	—	—	—	—
Other Diseases (non-tuberculous)	—	1	1	2	—	1	1	2
EYE								
Blepharitis	—	—	—	—	—	—	—	—
Conjunctivitis	—	—	—	—	—	—	—	—
Keratitis	—	—	—	—	—	—	—	—
Corneal Opacities	—	—	—	—	—	—	—	—
Other Conditions (excluding defective vision and squint)	1	—	—	—	—	—	—	2
Defective Vision (excluding squint)	11	8	18	23	4	—	6	2
Squint	—	—	3	3	—	—	2	2
EAR								
Defective Hearing	—	—	—	—	—	—	—	—
Otitis Media	—	—	—	—	—	—	—	—
Other Ear Diseases	—	—	—	—	—	—	—	—
NOSE AND THROAT								
Chronic Tonsillitis only	—	1	—	8	—	—	1	—
Adenoids only	—	—	—	—	—	—	—	—
Chronic Tonsillitis and Adenoids	—	—	1	5	—	3	—	—
Other Conditions	—	1	2	5	—	—	—	1
Enlarged Cervical Glands (non-tuberculous)	—	—	—	2	—	—	—	—
Defective Speech	—	—	—	—	—	—	—	—
HEART AND CIRCULATION								
Heart Disease :—								
Organic	—	—	—	—	—	—	—	—
Functional	—	—	—	6	—	—	—	1
Cyanosis	—	—	—	1	—	—	—	—
Rheumatism	—	—	—	1	—	—	—	—
LUNGS								
Bronchitis	—	—	—	—	—	—	—	1
Other Non-Tuberculous Diseases	—	—	—	—	—	—	—	—
TUBERCULOSIS.								
Pulmonary :								
Definite	—	—	—	—	—	—	—	—
Suspected	—	—	—	—	—	—	—	—
Non-Pulmonary :								
Glands	—	—	—	—	—	—	—	—
Bones and Joints	—	—	—	—	—	—	—	—
Skin	—	—	—	—	—	—	—	—
Other Forms	—	—	—	—	—	—	—	1
NERVOUS SYSTEM.								
Epilepsy	—	—	—	—	—	—	—	—
Chorea	—	—	—	—	—	—	—	—
Sleep-walking	—	1	—	—	—	—	—	—
DEFORMITIES								
Rickets	—	—	—	—	—	—	—	—
Spinal Curvature	—	—	1	—	—	—	—	—
Other Forms	1	—	16	3	5	—	1	1
Other Defects and Diseases	—	—	1	1	1	—	—	4
MENTAL DEFICIENCY	—	—	—	—	—	—	—	—

WINTRINGHAM GRAMMAR SCHOOL.

Number of Children Examined (not including Specials).

AGE GROUPS.

	13	14	15	16	17	18
Males	8	60	7	24	21	6
Females	—	63	1	35	14	3
Total	8	123	8	59	35	9

Referred for treatment 28 Reinspections nil. Specials nil.

Parents present .. 2

Routine medical inspections		Number inspected.	Number req. treatment.
Boys at all ages	.. ..	126	13
Girls at all ages	.. ..	116	15

TECHNICAL SCHOOL.

	14	15	16
Females	39	28	—
Males	26	16	1
Total	65	44	1

Referred for treatment 13. Parents present 12.

Routine medical inspections	Number inspected	Number req. treatment
Boys at all ages	67	10
Girls at all ages	43	3

STATISTICAL TABLES.

TABLE 1.—VITAL STATISTICS OF THE WHOLE BOROUGH DURING 1952 AND PREVIOUS YEARS.

YEAR	Total Popula- tion estimated to middle of each year	BIRTHS			TOTAL DEATHS REGISTERED IN THE DISTRICT		TRANSFERABLE DEATHS		NETT DEATHS BELONGING TO THE DISTRICT			
		Un- corrected Number	Nett		Number	Rate	of Non- residents registered in the District 8	of Resi- dents not registered in the District 9	Under 1 Year of Age		At all Ages	
			Number	Rate					Number	Rate per 1,000 Births	Number	Rate
1	2	3	4	5	6	7			10	11	12	13
1930	91,440	1745	1745	19.0	1125	12.3	69	44	129	74	1100	12.0
1931	92,280	1634	1650	17.8	1126	12.2	53	37	100	61	1110	12.0
1932	92,250	1584	1652	17.9	1198	12.9	88	48	111	67	1158	12.5
1933	93,090	1608	1671	17.9	1201	12.9	89	48	114	68	1160	12.4
1934	93,700	1753	1738	18.5	1096	11.6	89	32	86	49	1039	11.0
1935	93,900	1656	1621	17.2	1165	12.4	96	45	102	63	1114	11.8
1936	93,690	1677	1677	17.9	1153	12.3	105	30	113	67	1078	11.5
1937	92,760	1514	1516	16.3	1123	12.1	96	40	86	57	1067	11.5
1938	92,320	1628	1613	17.4	1141	12.3	116	29	79	49	1054	11.4
1939	92,230	1576	1563	16.9	1161	12.8	108	51	83	53	1104	12.1
1940	82,560	1501	1558	18.8	1250	15.1	168	55	80	52	1137	13.7
1941	78,680	1398	1403	17.8	1195	15.1	148	61	80	57	1108	14.0
1942	76,800	1500	1506	19.6	1076	14.0	124	58	84	56	1010	13.1
1943	76,460	1529	1539	20.1	1246	16.2	154	52	83	54	1144	14.9
1944	76,150	1745	1752	23.0	1062	13.9	110	49	94	54	1001	13.1
1945	78,030	1714	1686	21.6	1111	14.2	122	47	80	47	1036	13.2
1946	86,340	2121	2118	24.5	1120	12.9	133	41	71	34	1028	11.9
1947	89,190	2154	2183	24.4	1235	13.8	113	53	97	44	1175	13.1
1948	91,060	1892	1911	20.9	1073	11.7	118	36	55	29	991	10.8
1949	91,250	1830	1872	20.5	1282	14.0	203	46	63	34	1125	13.0
1950	93,240	1688	1702	18.2	1222	13.1	224	54	51	29.9	1052	11.9
1951	93,250	1655	1751	18.7	1276	13.6	215	66	60	34.2	1127	12.0
1952	93,200	1591	1693	18.1	1150	12.3	195	85	58	34.2	1040	11.1

Area of District in acres
(land and inland
water)

5,468

Total population at all ages at census of 1951

94,527

TABLE 2. ENGLAND AND WALES AND GRIMSBY, 1937-1952.

BIRTH RATES.

Year	Number of Births	BIRTH RATE	
		Grimsby	England & Wales
1937	1516	16.3	14.9
1938	1613	17.4	15.1
1939	1563	16.9	15.0
1940	1558	18.8	14.6
1941	1403	17.8	14.2
1942	1506	19.6	15.8
1943	1539	20.1	16.5
1944	1752	23.0	17.7
1945	1686	21.6	16.1
1946	2118	24.5	19.1
1947	2183	24.4	20.5
1948	1911	20.9	17.9
1949	1872	20.5	16.7
1950	1702	18.2	15.8
1951	1751	18.7	15.5
1952	1693	18.1	15.3

TABLE 3. ENGLAND AND WALES AND GRIMSBY, 1937-1952.

DEATH RATES.

Year	Nett Deaths	GRIMSBY		England and Wales Death Rate
		Crude Death Rate	Adjusted Death Rate	
1937	1067	11.5	12.3	12.4
1938	1054	11.4	12.2	11.6
1939	1104	12.1	13.0	12.1
1940	1137	13.7	14.4	14.3
1941	1108	14.0	*	12.9
1942	1010	13.1	*	11.6
1943	1144	14.9	*	12.1
1944	1001	13.1	*	11.6
1945	1036	13.2	*	11.4
1946	1028	11.9	*	11.5
1947	1175	13.1	*	12.0
1948	991	10.8	*	10.8
1949	1125	12.3	13.0	11.7
1950	1052	11.2	11.9	11.6
1951	1127	12.0	12.6	12.5
1952	1040	11.1	11.7	11.3

* Area comparability factor suspended by Registrar General.

TABLE 4.—CASES OF INFECTIOUS DISEASES NOTIFIED DURING THE YEAR 1952.

NOTIFIABLE DISEASE.	Number of Cases notified											Total Cases notified in each Ward of the Borough.															
	At all ages.	At Ages—Years.										Alexandra.	Central.	Clee.	Coates.	Hainton	Humber.	North-East.	Scartho.	South.	South-West.	Victoria.	Wellington.	Weelsby.	Wellow.	Total Cases removed to Hospital.	
		Under 1.	1 to 2.	2 to 3.	3 to 4.	4 to 5.	5 to 10.	10 to 15.	15 to 20.	20 to 35.	35 to 45.																45 to 65.	65 & upwards.
Scarlet Fever ..	74	2	1	4	8	50	8	1	—	—	—	—	4	5	3	3	1	2	10	29	2	—	3	9	2	26	
Diphtheria (including Membranous Croup) ..	5	—	—	1	1	2	1	—	—	—	—	—	5	2	1	2	6	1	—	—	3	1	1	—	—	5	
*Acute Pneumonia ..	29	2	3	1	—	4	1	2	4	7	5	—	6	2	1	2	9	1	—	3	1	1	—	3	2	10	
Dysentery ..	246	9	25	18	13	29	76	12	23	16	8	6	39	7	19	1	1	—	14	66	57	8	1	5	23	51	
Cerebro-Spinal Fever ..	6	1	5	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—	—	—	1	—	6	
Acute Poliomyelitis (paralytic) ..	5	1	1	—	—	1	1	1	—	—	—	—	—	—	2	—	1	1	—	3	—	—	—	—	—	5	
Ophthalmia Neonatorum ..	13	13	—	—	—	—	—	—	23	4	—	—	1	1	3	3	2	3	—	6	1	—	1	—	—	—	
Puerperal Pyrexia ..	29	—	—	—	—	—	—	—	—	—	—	—	2	3	2	3	2	3	2	6	2	1	1	1	—	15	
Erysipelas ..	7	—	—	—	—	—	—	—	1	2	2	—	1	1	1	1	112	55	41	390	104	31	50	91	38	27	
Chicken Pox ..	1253	45	86	98	105	116	686	79	14	17	6	1	148	90	62	28	112	55	41	390	104	31	50	91	38	27	
Measles ..	1412	56	140	155	223	201	542	70	10	10	4	1	56	59	32	82	110	40	32	502	69	25	92	145	51	17	
Whooping Cough ..	457	50	59	62	83	73	117	6	4	3	—	—	59	7	34	28	18	50	8	12	149	30	16	17	18	11	3
Food Poisoning ..	9	1	—	—	—	1	1	1	4	1	1	—	3	1	3	2	—	—	—	1	—	—	1	—	—	2	
Acute Rheumatism ..	6	—	—	—	—	1	1	—	—	—	—	—	—	—	—	2	—	—	—	1	1	—	—	1	—	3	
Totals ..	3551	177	318	338	430	428	1480	182	31	94	40	20	13	324	261	153	140	283	110	1160	267	83	166	275	129	170†	

* 3 of these cases were influenza pneumonia.

† All cases were treated in Springfield Hospital except the following :—

Grimsby General Hospital. Pneumonia 2 ; Cerebro-spinal fever 1 ; Poliomyelitis 1 ; Rheumatism 1.

Scarbo Road Infirmary. Pneumonia 4 ; Rheumatism 1.

TABLE 5.—CAUSES OF AND AGES AT DEATH DURING THE YEAR 1952.

Causes of Death	Nett Deaths at the Subjoined ages of "Residents" whether occurring within or without the District.												Total Deaths whether of 'Residents' or "Non-Residents" in Institutions in the District
	All Ages.			Under 1 year	1 and under 2.	2 and under 5.	5 and under 15.	15 and under 25.	25 and under 45.	45 and under 65.	65 and under 75.	75 and upw'ds	
	Total.	Males	Females										
ALL CAUSES { Certified .. Uncertified ..	1040 ...	555 ...	485 ...	58 ...	6 ...	3 ...	11 ...	12 ...	52 ...	275 ...	263 ...	360 ...	530 ...
Tuberculosis, respiratory	29	13	16	...	...	...	1	2	9	13	3	1	9
Tuberculosis, other forms	3	2	1	...	...	...	1	...	1	1	...	...	1
Syphilitic disease	11	6	5	...	...	...	...	...	...	7	4	...	5
Scarlet fever ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...
Diphtheria ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...
Whooping cough ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...
Meningococcal infections	2	1	1	1	1	...	...	...	...	...	...	...	2
Acute poliomyelitis	2	1	1	...	...	...	1	1	...	...	...	...	3
Measles	1	...	1	1	...	...	...	...	...	...	...	...	1
Malignant neoplasms, including neoplasms of lymphatic and haematopoietic tissues	201	102	99	...	...	1	...	2	13	74	59	52	106
Benign and unspecified neoplasms	2	1	1	...	...	...	...	...	...	2	...	...	...
Diabetes	18	4	14	...	...	...	...	...	1	2	7	8	10
Anaemias	6	3	3	...	...	...	1	...	...	1	2	2	4
Vascular lesions of nervous system	128	64	64	...	...	...	...	...	2	33	56	37	77
Nonmeningococcal meningitis ...	1	1	...	1	...	...	...	...	...	...	...	...	...
Rheumatic fever	1	...	1	...	...	...	...	1	...	...	...	...	...
Chronic rheumatic heart disease ...	14	2	12	...	...	...	1	...	5	5	2	1	8
Arteriosclerotic and degenerative heart disease	241	144	97	...	...	...	1	...	3	59	57	121	61
Other diseases of heart	20	9	11	1	...	...	...	...	1	2	6	10	5
Hypertension with heart disease	45	20	25	...	...	...	...	...	...	15	17	13	25
Hypertension without mention of heart	5	2	3	...	...	...	...	...	...	3	...	2	4
Influenza	1	...	1	...	...	...	...	...	...	...	1	...	...
Pneumonia	48	32	16	5	1	...	...	1	1	11	10	19	39
Bronchitis	36	26	10	2	...	1	...	...	...	10	12	11	8
Ulcer of stomach and duodenum	11	9	2	1	...	...	...	...	1	6	2	1	14
Appendicitis	1	1	...	...	...	...	...	...	1	1	...	...	1
Intestinal obstruction and hernia	5	4	1	...	...	...	1	...	1	1	1	1	6
Gastritis, enteritis and colitis ...	5	1	4	3	...	...	...	...	1	1	...	...	3
Cirrhosis of liver	2	...	2	...	...	...	...	...	...	2	...	...	1
Nephritis and nephrosis	11	5	6	...	...	...	...	...	1	7	1	2	11
Hyperplasia of prostate	16	16	...	...	...	...	...	...	...	1	5	10	20
Complications of pregnancy, child-birth and the puerperium ...	3	...	3	...	...	...	...	...	3	...	...	...	3
Congenital malformations	9	1	8	8	1	...	...	...	...	...	...	...	11
Birth injuries, postnatal asphyxia and atelectasis	16	6	10	16	...	...	...	...	...	...	...	...	17
Infections of the newborn	1	1	...	1	...	...	...	...	...	...	...	...	1
Other diseases peculiar to early infancy, and immaturity unqualified.	11	9	2	11	...	...	...	...	...	...	...	...	6
Senility, ill-defined and unknown causes	49	20	29	...	...	...	...	...	...	2	3	44	6
All other diseases	42	21	21	2	1	...	3	3	4	10	9	10	29
Motor vehicle accidents	3	2	1	...	1	1	...	...	1	...	...	...	2
All other accidents	29	20	9	4	1	...	1	2	2	4	2	13	30
Suicide and self-inflicted injury	10	6	4	...	...	...	...	...	2	2	4	2	1
Homicide	1	...	1	1	...	...	...	...	...	...	...	...	...
TOTALS	1040	555	485	58	6	3	11	12	52	275	263	360	530

TABLE 6.—INFANTILE MORTALITY DURING THE YEAR 1952
 Nett Deaths from stated causes at various Ages under 1 Year of Age.

CAUSES OF DEATH.				Under 1 week	1-2 weeks.	2-3 weeks.	3-4 weeks.	Total under 4 weeks.	1-3 Months.	3-6 Months.	6-9 Months.	9-12 Months.	Total Deaths under 1 year.
ALL CAUSES	Certified ..	..	..	28	4	1	1	34	4	10	6	4	58
	Uncertified ..	..	..	..	..	..	..	..	..	..	..	..	..
Measles ..	..	..	..	..	..	..	..	..	..	..	..	1	1
Whooping Cough ..	..	..	..	..	..	..	..	..	..	..	..	..	..
Diphtheria ..	..	..	..	..	..	..	..	..	..	..	..	..	..
Influenza ..	..	..	..	..	..	..	..	..	..	..	..	..	..
Tuberculosis of Nervous System	..	..	..	..	..	..	..	..	..	..	..	..	..
Tuberculosis of Intestines and peritoneum ..	..	..	..	..	..	..	..	..	..	..	..	..	..
Other tuberculous Disease ..	..	..	..	..	..	..	..	..	..	..	..	..	..
Syphilis ..	..	..	..	..	..	..	..	..	..	..	..	..	..
Meningitis ..	..	..	..	..	..	..	..	..	1	..	..	..	1
Convulsions ..	..	..	..	..	..	..	..	..	..	..	..	..	..
Bronchitis ..	..	..	..	..	..	..	..	..	1	1	1	1	3
Pneumonia ..	..	..	..	..	..	..	1	1	3	2	3	..	9
Other Respiratory Diseases ..	..	..	..	..	..	..	..	..	..	..	..	..	..
Inflammation of the Stomach ..	..	..	..	..	..	..	..	..	..	..	..	..	..
Diarrhoea and enteritis ..	..	..	..	..	..	..	..	..	3	..	..	..	3
Hernia, Intestinal Obstruction ..	..	..	..	..	..	..	..	..	..	..	..	..	..
Congenital Malformations ..	..	..	..	2	2	..	..	4	..	..	1	..	5
Congenital Debility and sclerema ..	..	..	..	1	..	..	..	1	..	..	..	..	1
Icterus ..	..	..	..	2	..	..	..	2	..	..	..	..	2
Premature Birth ..	..	..	..	7	..	1	..	8	..	..	..	..	8
Injury at Birth ..	..	..	..	2	1	..	..	3	..	..	..	..	3
Disease of Umbilicus ..	..	..	..	..	..	..	..	..	..	..	..	..	..
Atelectasis ..	..	..	..	10	..	..	..	10	..	..	..	..	10
Suffocation—in bed or not stated how ..	..	..	..	2	..	..	..	2	1	2	..	1	6
Meningococcal meningitis ..	..	..	..	..	..	..	..	..	..	1	..	..	1
Other causes ..	..	..	..	2	1	..	..	3	..	..	1	1	5
Totals ..	..	..	..	28	4	1	1	34	4	10	6	4	58

Live Births in the year—

Nett Deaths in the year—

	Males	Females	Total	Males	Females	Total
Legitimate ..	815	781	1,596	31	27	58
Illegitimate ..	53	44	97	—	—	—
Totals ..	868	825	1,693	31	27	58

TABLE 7.

BIRTH-RATES, DEATH-RATES, ANALYSIS OF MORTALITY, MATERNAL MORTALITY AND CASE-RATES FOR CERTAIN INFECTIOUS DISEASES IN THE YEAR 1952.

(Provisional figures based on Quarterly Returns)

	ENGLAND and WALES.	160 County Boroughs and Great Towns (including London.)	160 Smaller Towns (Resident population 25,000 to 50,000 at 1951 Census).	London Administra- tive County	GRIMSBY, C.B.
Rates per 1,000 Home population.					
<i>Births :—</i>					
Live	15.3	16.9	15.5	17.6	18.1
Still	0.35	0.43	0.36	0.34	0.46
	22.6 (a)	24.6(a)	23.0 (a)	19.2 (a)	24.7 (a)
<i>Deaths :—</i>					
All causes	11.3	12.1	11.2	12.6	11.1
Typhoid & Paratyphoid	0.00	0.00	0.00	—	—
Whooping cough ..	0.00	0.00	0.00	0.00	0.00
Diphtheria	0.00	0.00	0.00	0.00	0.00
Tuberculosis	0.24	0.28	0.22	0.31	0.34
Influenza	0.04	0.04	0.04	0.05	0.01
Small-pox	0.00	—	—	—	—
Acute Poliomyelitis in- cluding Polioencephalitis	0.01	0.01	0.00	0.01	0.02
Pneumonia	0.47	0.52	0.43	0.58	0.51
<i>Notifications (corrected) :—</i>					
Typhoid fever	0.00	0.00	0.00	0.00	—
Paratyphoid fever ..	0.02	0.02	0.03	0.01	—
Meningococcal infection	0.03	0.03	0.03	0.02	0.06
Scarlet fever	1.53	1.75	1.58	1.56	0.79
Whooping cough	2.61	2.74	2.57	1.66	4.90
Diphtheria	0.01	0.01	0.03	0.01	0.05
Erysipelas	0.14	0.15	0.12	0.14	0.07
Small-pox	0.00	0.00	0.00	—	—
Measles	8.86	10.11	8.49	9.23	15.15
Pneumonia	0.72	0.80	0.62	0.57	0.31
Acute Poliomyelitis (in- cluding Polioencephalitis)					
Paralytic	0.06	0.06	0.06	0.06	0.05
Non-paralytic	0.03	0.03	0.02	0.03	—
Food poisoning	0.13	0.16	0.11	0.18	0.09
Puerperal pyrexia ..	17.87(a)	23.94(a)	10.22 (a)	30.77 (a)	16.70(a)
Rates per 1,000 Live Births.					
<i>Deaths :—</i>					
All causes under 1 year of age	27.6	31.2	25.8	23.8	34.2
Enteritis and Diarrhoea under 2 years of age	1.1	1.3	0.5	0.7	1.7
Rates per 1,000 Total (Live and Still) Births.					
<i>Maternal Mortality :—</i>	0.72				1.72

(a) Per 1,000 total (live and still) births.

TABLE 8.—GRIMSBY.

TABULATION BY AGE, SEX AND CLINICAL CLASSIFICATION OF CASES
NOTIFIED AS ACUTE RHEUMATISM DURING THE YEAR, 1952.

Clinical Classification of Case Notified.	Age in Years.								Total all ages		Total both sexes
	0—4		5—9		10—14		15 over				
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
1. Rheumatic Pains and/or Arthritis without heart disease ...	—	—	—	—	1	1	1	—	2	1	3
2. Rheumatic Heart Disease (Active).											
(a) with polyarthritis ...	—	—	—	—	—	—	—	—	—	—	—
(b) with chorea ...	—	—	—	—	—	1	—	—	—	1	1
3. Rheumatic Heart Disease (Quiescent) ...	—	—	—	1	—	—	—	—	—	1	1
4. Rheumatic Chorea (alone)	—	—	—	—	—	—	—	—	—	—	—
TOTAL Rheumatic cases ...	—	—	—	1	1	2	1	—	2	3	5
5. Congenital Heart Disease	—	—	—	—	—	—	—	—	—	—	—
6. Other non-rheumatic Heart disease or disorder ...	—	—	—	—	—	—	—	—	—	—	—
7. Not rheumatic or cardiac disease ...	—	—	—	—	1	—	—	—	1	—	1
TOTAL Non-Rheumatic cases ...	—	—	—	—	1	—	—	—	1	—	1

TABLE 9—GRIMSBY, 1952.

TUBERCULOSIS—Age Groups of New Cases and Deaths.

Age Periods.	New Cases.				Deaths.			
	PULMONARY		NON-PULMONARY		PULMONARY		NON-PULMONARY	
	M.	F.	M.	F.	M.	F.	M.	F.
Under 1 year	—	—	—	—	—	—	—	—
1-2 years.	1	3	1	—	—	—	—	—
2-5 years.	1	2	1	1	—	—	—	—
5-10 years.	4	3	1	—	—	1	—	—
10-15 years.	5	5	2	1	—	—	—	1
15-20 years.	15	11	2	—	—	2	—	—
20-25 years.	9	9	2	2	—	—	—	—
25-35 years.	7	11	1	3	2	4	1	—
35-45 years.	9	5	1	—	1	2	—	—
45-55 years.	8	3	1	—	4	3	—	—
55-65 years.	7	1	1	2	3	3	1	—
65-75 years.	4	—	—	2	3	—	—	—
75 and upwards.	—	1	—	—	—	1	—	—
Totals	70	54	13	11	13	16	2	1

TABLE 10—GRIMSBY, 1952.

TUBERCULOSIS—Ward Distribution of New Cases and Inward Transfers.

Primary notifications.	WARDS.														
	Alex.	Central	Clee	Coates	Hainton	Humber	N-East	Scarbo	South	S-West	Victoria	Weelsby	Wellow	Wellington	Totals
<i>Pulmonary—</i>															
Males	10	6	3	—	3	4	1	1	18	2	5	4	5	8	70
Females	8	2	3	4	1	4	6	—	13	4	2	2	1	4	54
<i>Non-Pulmonary—</i>															
Males	2	—	3	2	—	—	1	1	1	—	—	—	—	3	13
Females	4	1	1	1	—	1	1	—	—	2	—	—	—	—	11
Total	24	9	10	7	4	9	9	2	32	8	7	6	6	15	148
<i>Inward Transfers.</i>															
<i>Pulmonary—</i>															
Males	1	—	2	—	1	—	—	—	1	—	3	—	1	2	11
Females	1	—	—	—	—	1	—	—	3	—	—	—	1	1	7
<i>Non-Pulmonary—</i>															
Males	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Females	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	2	—	2	—	1	1	—	—	4	—	3	—	2	3	18
Grand Total ...	26	9	12	7	5	10	9	2	36	8	10	6	8	18	166

TABLE 11—Grimsby, 1952.

TUBERCULOSIS.—Notifications and Ratio of Non-Notified Deaths
in each year of the Decennium.

Year.	Total primary notifications.	Notifications per thousand of population.	Ratio of non-notified Deaths.	Ratio of non-notified Deaths.	
				Pulmonary.	Non-Pulmonary
1943	138	1.80	5.6%	4.2%	1.4%
1944	153	2.00	1.8%	1.8%	—
1945	176	2.25	15.8%	14.3%	1.5%
1946	179	2.07	8.9%	8.9%	—
1947	146	1.63	13.8%	7.7%	6.1%
1948	128	1.40	—	—	—
1949	130	1.42	8.3%	8.3%	—
1950	98	1.05	25.8%	25.8%	—
1951	149	1.60	16.3%	12.7%	3.6%
1952	148	1.59	6.2%	3.1%	3.1%

TABLE 12—England and Wales and Grimsby, 1943—1952.

Total Tuberculosis death rates in each year of the decennium.

	1943	1944	1945	1946	1947	1948	1949	1950	1951	1952
England and Wales	0.66	0.62	0.62	0.55	0.54	0.50	0.45	0.36	0.31	0.23
Grimsby	0.93	0.73	0.80	0.64	0.72	0.74	0.52	0.33	0.59	0.34

TABLE 13—FACTORIES ACTS, 1937 and 1948.

Annual Report of the Medical Officer of Health in respect of the Year 1952 for the County Borough and Port of Grimsby in the County of Lincolnshire

Prescribed particulars on the administration of the Factories Act, 1937.

PART I OF THE ACT.

1—INSPECTIONS for purposes of provisions as to health (including inspections made by Sanitary Inspectors.)

Premises	Number on Register	Number of		
		Inspections	Written notices	Occupiers prosecuted
(i) Factories in which Sections 1, 2, 3, 4 & 6 are to be enforced by Local Authorities	482	1093	7	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	401	527	2	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	35	59	8	—
TOTAL	918	1679	17	—

2—CASES IN WHICH DEFECTS WERE FOUND.

(If defects are discovered at the premises on two, three or more separate occasions they should be reckoned as two, three or more "cases").

Particulars	Number of cases in which defects were found				Number of cases in which prosecutions were instituted
	Found	Remedied	To H.M. Inspector	By H.M. Inspector	
Want of cleanliness (S.1)	117	101	—	—	—
Overcrowding (S.2)	—	—	—	—	—
Unreasonable temperature (S.3)	—	—	—	—	—
Inadequate ventilation (S.4)	1	1	—	—	—
Ineffective drainage of floors (S.6)	7	7	—	1	—
Sanitary Conveniences (S.7)					
(a) insufficient	10	9	—	—	—
(b) Unsuitable or defective	27	19	—	—	—
(c) Not separate for sexes	2	1	—	—	—
Other offences against the Act (not including offences relating to Outwork)	123	119	—	—	—
TOTAL	287	257	—	1	—

PART VIII OF THE ACT.

OUTWORK

(Sections 110 and 111)

Nature of Work	Section 110			Section 111		
	No. of out-workers in August list required by Section 110 (1) (c)	No. of cases of default in sending lists to the Council	No. of prosecutions for failure to supply lists	No. of instances of work in unwholesome premises	Notices served	Prosecutions
Wearing apparel Making, etc.	15	—	—	—	—	—
Nets, other than wire nets	83	—	—	—	—	—
TOTAL	98	—	—	—	—	—

TABLE 14.

DIPHTHERIA IMMUNISATION.

Age at 31.12.52	Total immunised to 31.12.46	1947	1948	1949	1950	1951	1952	Total
Under 1 year ..	16	112	88	74	2	45	101	Under 5 years 3,976
1-2 years ..	546	802	905	846	580	830	699	
2-3 „ ..	729	158	250	142	93	230	178	
3-4 „ ..	647	53	67	65	29	41	109	
4-5 „ ..	668	42	47	24	18	35	60	
5-6 „ ..	612	34	49	37	19	33	83	5-10 years 5,161
6-7 „ ..	863	41	50	36	9	23	92	
7-8 „ ..	977	20	25	28	10	11	37	
8-9 „ ..	1,154	22	16	17	6	7	13	
9-10 „ ..	1,144	10	27	10	3	8	15	
10-11 „ ..	1,324	2	10	16	6	2	9	10-15 years 4,718
11-12 „ ..	1,179	9	14	11	8	2	36	
12-13 „ ..	1,105	1	5	—	4	1	3	
13-14 „ ..	1,207	3	1	—	—	3	3	
14-15 „ ..	1,020	3	7	2	—	2	13	
Children now aged 15 years and over and immunised prior to 31.12.46	4,951	—	—	—	—	—	—	15 yrs. & over 11,979
Totals ..	18,142	1,312	1,561	1,308	787	1,273	1,451	25,834

TABLE 15 (1952.) County Borough of Grimsby.		NET DEATHS, <i>i.e.</i> , DEATHS ACTUALLY BELONGING TO THE DISTRICT. LOCALITIES.																		AGES.									
MORTALITY.		Alexandra	Central	Clee	Costes	Hainton	Humber	North-East	Searbo	South	South-West	Victoria	Wellington	Weelsby	Wellow	INSTITUTIONS				Total at all Ages	Under 1 Year	1 and under 2	2 and under 5	5 and under 15	15 and under 25	25 and under 45	45 and under 65	65 and up	
All Causes	Certified	37	34	72	10	48	47	21	33	120	38	26	67	79	43	121	210	10	24	1040	58	6	3	11	12	52	275	623	
	Uncertified	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
Detailed list numbers																													
B 1	Tuberculosis of respiratory system 001-008	2	2	2	—	3	4	—	—	5	2	1	2	—	—	—	3	3	—	29	—	—	—	1	2	9	13	4	
B 2	Tuberculosis, other forms 010-019	—	—	—	—	—	1	—	—	—	—	1	—	—	—	—	—	1	—	3	—	—	—	1	—	1	1	—	
B 3	Syphilis and its sequelae .. 020-029	2	—	—	—	1	—	1	—	—	—	1	2	—	—	1	3	—	—	11	—	—	—	—	—	—	7	4	
B 4	Typhoid fever 040	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
B 5	Cholera 043	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
B 6	Dysentery, all forms 045-048	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
B 7	Scarlet fever and streptococcal sore throat 050, 051	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
B 8	Diphtheria 055	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
B 9	Whooping cough 056	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
B10	Meningococcal infections .. 057	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	2	1	1	—	—	—	—	—		
B11	Plague 058	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
B12	Acute poliomyelitis 080	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	2	—	—	—	1	1	—	—		
B13	Smallpox 084	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
B14	Measles 085	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	1	—	—	—	—	—	—		
B15	Typhus and other rickettsial diseases 100-108	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
B16	Malaria 110-117	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
B17	All other diseases classi- fied as infective and parasitic	030-039; 044, 049; 059-074; 086-096;	041, 042 052-054 081-083 120-138	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
B18	Malignant neoplasms, including neoplasms of lymphatic and haematopoietic tissues .. 140-205	4	3	19	3	9	7	1	13	20	11	6	11	9	10	25	49	1	—	201	—	—	1	—	2	13	74	111	
B19	Benign and unspecified neoplasms 210-239	—	—	—	—	1	—	—	—	—	—	—	1	—	—	—	—	—	—	2	—	—	—	—	—	—	2	—	
B20	Diabetes mellitus 260	2	1	1	—	—	—	—	1	3	—	—	1	2	—	3	4	—	—	18	—	—	—	—	—	1	2	15	
B21	Anaemias 290-293	1	—	—	—	—	1	—	—	—	1	—	—	1	—	1	1	—	—	6	—	—	—	1	—	—	1	4	
B22	Vascular lesions affecting central nervous system 330-334	6	4	9	1	7	—	3	3	20	3	2	6	11	7	15	31	—	—	128	—	—	—	—	—	2	33	93	
B23	Nonmeningococcal meningitis .. 340	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—		
B24	Rheumatic fever 400-402	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—	—	—		
B25	Chronic rheumatic heart disease.. 410-416	1	—	—	—	—	—	—	—	3	—	1	—	3	—	2	4	—	—	14	—	—	—	1	—	5	5	3	
B26	Arteriosclerotic & degenerative heart disease 420-422	10	15	21	2	16	12	7	8	30	9	4	20	27	16	8	36	—	—	241	—	—	—	1	—	3	59	178	
B27	Other diseases of heart 430-434	1	1	2	1	1	1	—	2	1	3	—	3	1	—	1	1	—	1	20	1	—	—	—	—	1	2	16	
B28	Hypertension with heart disease.. 440-443	1	2	5	1	2	3	1	1	2	1	1	1	2	2	2	18	—	—	45	—	—	—	—	—	—	15	30	
B29	Hypertension without mention of heart 444-447	—	1	—	—	—	—	—	—	1	—	—	—	1	—	—	2	—	—	5	—	—	—	—	—	—	3	2	
B30	Influenza 480-483	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	1	—	—	—	—	—	—	—	1	
B31	Pneumonia 490-493	1	1	2	1	2	1	3	2	2	3	1	1	—	1	3	23	—	1	48	5	1	—	—	1	1	11	29	
B32	Bronchitis 500-502	2	1	4	—	2	3	2	1	6	2	1	2	2	2	4	2	—	—	36	2	—	1	—	—	—	10	23	
B33	Ulcer of stomach and duodenum 540, 541	—	—	—	—	1	—	—	—	—	—	—	—	—	—	7	2	—	1	11	1	—	—	—	—	1	6	3	
B34	Appendicitis 550-553	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—	—	—	—	—	—	1	—	
B35	Intestinal obstruction and hernia 560/1, 570	—	—	—	—	—	—	—	—	—	—	—	—	—	—	5	—	—	—	5	—	—	—	1	—	1	1	2	
B36	Gastritis, duodenitis, enteritis and colitis, except diarrhoea of the newborn 543, 571/2	—	—	1	—	—	1	—	—	—	—	—	1	—	—	1	1	—	—	5	3	—	—	—	—	1	1	—	
B37	Cirrhosis of liver 581	—	—	1	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	2	—	—	—	—	—	—	2	—	
B38	Nephritis and nephrosis 590-594	—	—	—	—	—	1	—	—	3	—	1	—	—	—	3	3	—	—	11	—	—	—	—	—	1	7	3	
B39	Hyperplasia of prostate 610	—	—	—	—	—	—	—	—	—	—	1	—	1	—	6	8	—	—	16	—	—	—	—	—	—	1	15	
B40	Complications of pregnancy, child birth and the puerperium .. { 640-652 670-689	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	3	—	—	—	—	—	3	—	—	
B41	Congenital malformations .. 750-759	—	—	—	—	—	1	—	—	—	—	—	—	—	—	2	5	—	1	9	8	1	—	—	—	—	—	—	
B42	Birth injuries, postnatal asphyxia and atelectasis 760-762	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1	1	13	16	16	—	—	—	—	—	—	—	
B43	Infections of the newborn .. 763-768	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1	1	—	—	—	—	—	—	—	
B44	Other diseases peculiar to early infancy, and immaturity un- qualified 769-776	1	—	3	—	—	—	—	—	1	—	—	—	—	—	1	1	—	4	11	11	—	—	—	—	—	—	—	
B45	Senility without mention of psychosis, ill-defined and un- known causes 780-795	1	2	—	1	3	5	—	—	10	1	1	6	14	3	—	2	—	—	49	—	—	—	—	—	—	2	47	
B46	All other diseases Residual	1	1	2	—	—	2	—	—	6	2	2	5	1	1	9	9	1	—	42	2	1	—	3	3	4	10	19	
BE47	Motor vehicle accidents .. E810-E835	—	—	—	—	—	—	—	—	—	—	1	1	—	—	1	—	—	—	3	—	1	1	—	—	1	—	—	
BE48	All other accidents .. { E800-E802 E840-E965	—	—	—	—	—	—	2	1	5	—	1	2	2	—	16	—	—	—	29	4	1	—	1	2	2	4	15	
BE49	Suicide and self-inflicted injury E970-E979	1	—	—	—	—	—	1	1	2	—	—	2	2	—	1	—	—	—	10	—	—	—	—	—	2	2	6	
BE50	Homicide and operations of war E980-E999	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—	
TOTALS		37	34	72	10	48	47	21	33	120	38	26	67	79	43	121	210	10	24	1040	58	6	3	11	12	52	275	623	

